

Provider Secure Portal User Manual

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Provider Secure Portal

From the landing page, you are able to perform various functions including:

- New Provider Registration
- Provider Self Support
- Contact Us
- Login to the Secure Portal

Login

Using the latest technology, we provide you with easy access to secure online information and interactive tools.

What Providers Can Do

- Check member eligibility
- View your member panel
- View and submit claims
- View and submit authorizations
- View payment history
- Submit online forms

Coming Soon

- View member Health Record
- Submit batch claims
- View and submit adjustments

User Name:

Password:

Login

[Forgot Password/Unlock Account](#)

[New Provider Registration](#)

Questions? feel free to [Contact Us](#)

Provider Secure Portal Landing Page

Registration

A user account is required to access the Provider Secure area. If you do not have a user account, click **New Provider Registration** to complete the 4-step registration process below.

Login

Using the latest technology, we provide you with easy access to secure online information and interactive tools.

What Providers Can Do

- Check member eligibility
- View your member panel
- View and submit claims
- Submit batch claims
- View and submit adjustments
- View and submit authorizations
- View payment history
- Submit online forms

Coming Soon

- View member gaps in care
- View member Health Record

User Name:

Password:

Login

[Forgot Password/Unlock Account](#)

New Provider Registration

Click the New Provider Registration button

Questions? feel free to [Contact Us](#)

New Provider Registration

Provider Registration

1

2

3

4

We are happy to provide online transactions that save you time and increase your office efficiency.

Signing up is an easy four-step process. Enter your information in the fields below and continue on to the next step. Once all your information is submitted and confirmed, we will contact you to let you know your account is activated.

*= Required Information

Step 1
Populate the fields with your information.

Physician/Practice/Clinic/Group Information

Physician/Group Name:*
BJC Medical Group

Tax ID:*
201017034

NPI:

Personal Information

First Name:*
Vincent

Last Name:*
Vaughn

Phone Number:*
3146543215

Ext:

Fax Number:
3146539856

Email Address:*
tmay@centene.com

Confirm Email Address:*
tmay@centene.com

Numbers Only, No Dashes (Ex: 1234567890)

Passwords are case-sensitive. Make note of the username and password that you create. They will be required each time that you log in to the website.

User Name:*
lvaughn

Password:*

Confirm Password:*

Why do I need security questions? If you forget your password, we will ask you for the answer to your security questions. Tips: Choose questions that only you know the answers to. Answers should be easy to remember, but not easy to guess.

Password Reminder Question1:*
What is your mother's maiden name?

Password Reminder Answer1:*
1

Password Reminder Question2:*
What is your favorite sports team?

Password Reminder Answer2:*
1

Password Reminder Question3:*
What is your father's middle name?

Password Reminder Answer3:*
1

Continue **Cancel**

Step 1

Provider Registration

- Enter **Physician/Group Name**.
- Enter **Tax ID**.
- Enter **NPI** (Optional).
- Enter **First Name**.
- Enter **Last Name**.
- Enter **Phone Number**.
- Enter **Fax Number** (Optional).
- Enter **Email Address**.
- Enter **Confirm Email Address**.
- Enter **User Name** (At least five characters).
- Enter **Password** (At least six characters with a number).
- Enter **Confirm Password**.
- Select **Password Reminder Question**.
- Enter **Password Reminder Answer**.
- Select **Password Reminder Question 2** and **Password Reminder Answer**.
- Select **Password Reminder Question 3** and **Password Reminder Answer**.
- Click the **Continue** button.

Provider Registration

1 2 3 4

*= Required Information

Administrator/Manager Contact Information

☒ I am the Administrator/Manager (Skip this section and click Continue)

To complete the registration process, we will be contacting your manager to verify your information. Provide your Manager's information below.

Contact First Name:* Vincent
Contact Last Name:* Vaughn
Phone Number:* 3146543215
Ext.:
Fax Number: 3146539856
Email Address:* tmay@centene.com

Role Access

*Role Access

☒ AUTHORIZATIONS / CLINICAL INFORMATION (The Authorizations role allows you to submit requests for authorization of service, and allows you to submit referrals to other service providers.)

☐ OFFICE MANAGER (The Office Manager role allows you to manage access of the website privileges for users belonging to your group practice associated with your Tax Identification Number (TIN). NOTE: By checking this box you acknowledge and agree that you will only activate users who i) belong to your group practice, ii) have a need to know the information that is available through this site, and iii) will access such information for reasons relating only to your group practices treatment of Members, payment from the Health Plan, or other lawful and legitimate purpose in connection with the business arrangement between your group practice and the Health Plan, and that you will immediately deactivate any user in the event any of the above conditions cease to apply to such user. You will also need to assist in any user status audits as requested by the Health Plan. You further acknowledge and agree that your use of this site and that of any user for whom you activate website privileges is subject to the terms and conditions set forth in this Registration process.)

☒ ELIGIBILITY (The Eligibility role allows you to check the plan eligibility of your patients for specific dates of service.)

☒ CLAIMS (The Claims role allows you to find and view the details of specific patient claims.)

Back Continue Cancel

Step 2

If you are the Administrator/Manager,

- Click the **I am the Administrator/Manager** checkbox. This will auto populate the contact information and allow you to skip that section.

Note: If you are not the Administrator/Manager, complete the contact section with your administrator's/manager's information.

Provider Registration

- Enter **Contact First Name**.
- Enter **Contact Last Name**.
- Enter **Phone Number**.
- Enter **Fax Number** (Optional).
- Enter **Email Address**.
- Click the **Continue** button.

Back:

- Click the **Back** button to return to Provider Registration Step 1 screen.

Cancel:

- Click the **Cancel** button to return to the Provider Secure Login screen.

Provider Registration

1	2	3	4
Required Information			
Terms and Conditions The following terms and conditions ("Terms and Conditions") govern your use of this web site (the "Site"), and by accessing, viewing, or using the material on the Site, you indicate that you understand and intend these Terms and Conditions to be the legal equivalent of a signed, written contract, and that you accept such Terms and Conditions and agree to be legally bound by them. If you do not agree with the Terms and Conditions, you are not granted permission to use the Site and should exit immediately. Proprietary Rights. All material contained in this Site is protected by law, including but not limited to, United States copyright law. Except as indicated, the entire content (including images, text and look and feel attributes) of this Site is © Managed Health Services. All rights reserved. Removing or altering the copyright notice on any material on the Site is prohibited. 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In the event that any provision is determined to be unenforceable or invalid, such provision shall nonetheless be enforced to the fullest extent permitted by law, and the determination shall not affect the validity and enforceability of any other remaining provisions. These Terms and Conditions constitute the entire agreement between you and Managed Health Services with respect to your use of the Site. You acknowledge that, in providing you access to and use of the Site, Managed Health Services has relied on your agreement to be legally bound by these Terms and Conditions. ☒ I Agree to the web site usage terms and conditions and that all information entered to register is valid. Back Continue Cancel			

Step 3

- Read the web site Terms and Conditions Agreement and click the **I Agree** checkbox.
- Click the **Continue** button.

Back:

- Click the **Back** button to return to Provider Registration Step 1 screen.

Cancel:

- Click the **Cancel** button to return to the Provider Secure Login screen.

Provider Registration

1 2 3 4

Dear Vincent Vaughn :

Thank you for registering with MHS Indiana.

Within 2 business days, you will receive a phone call from the Health Plan to verify your information.

An email will be sent to your email account to notify you that your user account has been activated along with your verification code to complete registration:

1. Log in to your e-mail account.
2. You should have received a confirmation email.

Note: Be sure to check your "spam" or "junk mail" folders for this email if you are not able to find it in your inbox.

3. This email has a verification code that you need to complete your registration. Write down the "Verification Code".
4. Please return to the Provider Portal and log in. Please use the username and password that you created when you signed up.
5. The next screen after you login will ask for your Verification Code. Enter the code and click submit.
6. Your sign up will be complete!

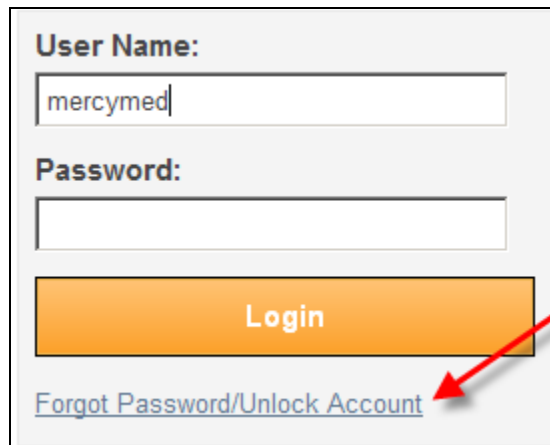
Finish

Step 4
Click the Finish button

Step 4

- Click the **Finish** button.

Provider - Self Support

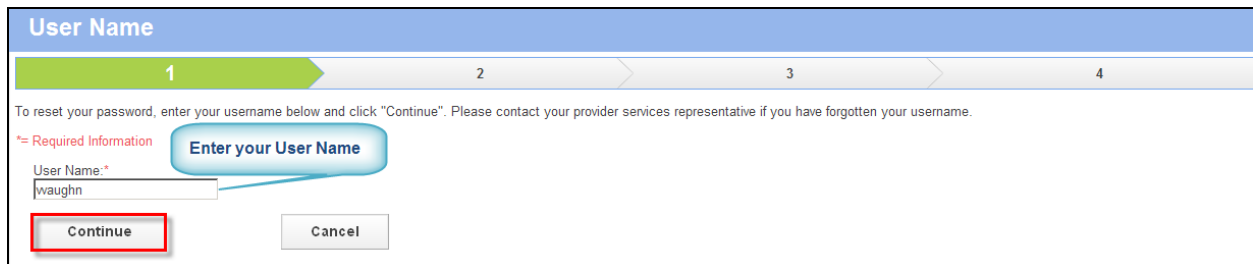


The image shows a login form with the following elements:

- User Name:** A text input field containing the text "mercymed".
- Password:** A text input field that is currently empty.
- Login:** An orange button with the text "Login".
- Forgot Password/Unlock Account:** A blue hyperlink located below the Login button. A red arrow points to this link.

Forgot Password/Unlock Acct Hyperlink

- If you have lost or forgot your password or your account is locked, click the **Forgot Password/Unlock Account** hyperlink.



The image shows a "User Name Entry" form with the following elements:

- Progress Bar:** A blue bar at the top with four steps. Step 1 is highlighted in green.
- Instructions:** "To reset your password, enter your username below and click 'Continue'. Please contact your provider services representative if you have forgotten your username."
- Required Information:** A red asterisk followed by the text "Required Information".
- Enter your User Name:** A blue button with a speech bubble pointing to the text input field.
- User Name:** A text input field containing the text "waughn".
- Continue:** A button with a red border.
- Cancel:** A button.

User Name Entry

- Enter your **User Name**.
- Click the **Continue** button.

Verification Question

1 2 3 4

Answer the verification questions below and click Continue

*= Required Information

What is your father's middle name?: *

1

Answer the verification question

Continue Cancel

Verification Question

- Enter the **Verification Answer** to the security question you created at registration.
- Click the **Continue** button.

New Password

1 2 3 4

The password must meet the following requirement:
The password length must be at least six characters with at least one number.

*= Required Information

Enter and verify your new password

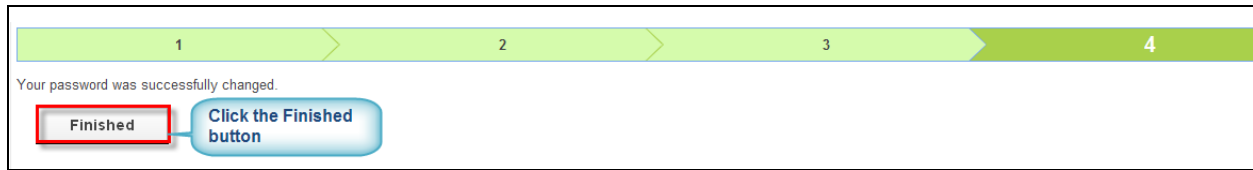
New Password: *

Verify New Password: *

Continue Cancel

Password Entry and Verification

- Enter and verify the **New Password**.
- Click the **Continue** button.



Completion of Password Update

- Click the **Finished** button. You may login (using your new password) at your convenience.

Contact Us

The screenshot shows a web portal interface. At the top is a blue header with the word 'Login'. Below the header, on the left, is a section titled 'What Providers Can Do' with a list of services: Check member eligibility, View your member panel, View and submit claims, Submit batch claims, View and submit adjustments, View and submit authorizations, View payment history, and Submit online forms. To the right of this is a 'Coming Soon' section with two items: View member gaps in care and View member Health Record. Further right is a login form with fields for 'User Name:' and 'Password:', an orange 'Login' button, and a link for 'Forgot Password/Unlock Account'. At the bottom left, there is a green button for 'New Provider Registration' and a text prompt 'Questions? feel free to [Contact Us](#)'. A blue callout bubble points to this link with the text 'Click the Contact Us hyperlink'.

Login

Using the latest technology, we provide you with easy access to secure online information and interactive tools.

What Providers Can Do

- Check member eligibility
- View your member panel
- View and submit claims
- Submit batch claims
- View and submit adjustments
- View and submit authorizations
- View payment history
- Submit online forms

Coming Soon

- View member gaps in care
- View member Health Record

User Name:

Password:

Login

[Forgot Password/Unlock Account](#)

New Provider Registration

Questions? feel free to [Contact Us](#)

Click the Contact Us hyperlink

Contact Us Hyperlink

- To access our contact information and other helpful numbers, click the **Contact Us** hyperlink.

Contact Us

Phone Directory & Hours

Populate all required fields in the form

Contact Us

Who are you? *

Member

Provider

Other

Subject *

Services

Name *

Jennifer

Hester

First

Last

Phone *

314-522-2500

Email

Your Message *

I'm interested in providing primary care services for your health plan. Please contact me with additional information.

The Contact Us form (above) will send your message to Managed Health Services (MHS) as an e-mail. The e-mail is not encrypted and is not transmitted in a secured format. By communicating with MHS through e-mail, you accept the risks associated thereof. MHS does not accept responsibility or liability for any loss or damage arising from the use of e-mail. To ensure the safety of your PHI, please contact Member Services at (877) MHS-4U4U (647-4848), Monday through Friday, 8 a.m. to 5 p.m.

Submit

Contact Us Form Not Logged Into Portal

- Enter all the required information (red asterisk) and click the **Submit** button.

Note: The Contact Us link can be accessed with and without logging in to the Secure Portal. The screen above shows the Contact Us Form when the Provider is not logged in. The screen below shows the Contact Us Form when the Provider is logged in. The same fields are offered, to capture the same information regardless of the way it is accessed.

Administration

My Account

Eligibility

Authorization

Health Record

Claims

Online forms

Reports

Resources

Contact Us

Contact Us

To submit a question or comment, complete the form below and click Submit.

*** = Required**

Populate all required fields on the form

Subject: *
Request Provider Relations Visit

First Name: FName
Last Name: LName

Practice/Clinic/Facility Name:
Mercy Medical Group

Tax ID:
201017034

Phone Number: 314-254-4757
Ext:

Email Address:
GFey@centene.com

County:

Question/Comments: *
Our group would like someone from your health plan to visit and explain how to submit claims properly.

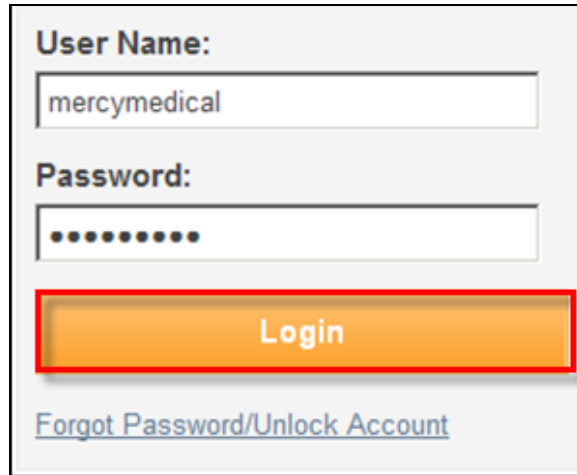
Submit

Contact Us Form Logged Into Portal

Login

A user account is required to access the Provider Secure Portal. If you do not have a user account, click New Provider Registration to obtain one.

If you have an established user account, do the following to log in:

A screenshot of a login window. It features a light gray background. At the top, the text "User Name:" is followed by a text input field containing the text "mercymedical". Below this, the text "Password:" is followed by a password input field filled with ten dots. A prominent orange button with the word "Login" in white text is highlighted with a red rectangular border. At the bottom of the form, there is a blue, underlined link that reads "Forgot Password/Unlock Account".

Login Window

- Enter your **User Name**.
- Enter your **Password**.
- Click the **Login** button.

Grant Access

This section outlines the functions that Provider Service Representatives and Office Managers can perform. Please refer to your health plan's P&P for operational specifics.

Note: Only Providers who are Par on the Network should be granted access to the Secure Portal. This benefit is provided only to the Network Providers.

Registration Admin

Create New User

Status:
NPI:
Tax ID:
Last Name:
Search

Use	First Name	Last Name	Account Status	NPI	Tax ID	Physician or Clinic Group Practice Name	Office Manager	Registration Date
Use	Naresh	Misir	APPROVED		201017034	Mercy Medical		07/28/2011 11:52:21 AM
Use	Fname	Lname	NEW	1639192743	262101949	stlukes		07/28/2011 10:42:35 AM
me	Jennifer	Hester	APPROVED		201017034	Mercy Medical Group		07/28/2011 10:32:02 AM
in_provider_test04	FName	LNameFour	EMAIL_VERIFICATION		263083364	Test Group		07/22/2011 07:03:11 AM
in_provider_test5080	TestFirstName	TestLastName	APPROVED		201017034	Test Group		07/21/2011 02:30:20 PM
torrence1	Torrence	Hatch	OMCREATED		201017034			07/21/2011 06:45:18 AM
in_provider_test53	Greg	Tester	EMAIL_VERIFICATION		203904383	Test Group		07/20/2011 02:53:28 PM
in_test_19	Prasad	Balla	APPROVED		351116775	Test Account		07/20/2011 11:47:31 AM
in_test_18	Prasadab	Ballaab	APPROVED		351116775	Test Account		07/20/2011 11:41:24 AM
in_test_17	Prasad	Balla	APPROVED		351116775	Test Account		07/20/2011 11:41:20 AM

2,424 items found, displaying 1 to 10.
Page 1/243
1 2 3 4 5 6 7 8 . Next Last

Registration Admin Main Screen

Check the user list page daily for new requests for access or simply log into the Provider Portal.

- Select **New** from the Status drop down field.
- Click the **Search** button.

Grant Access

Registration Admin

Create New User

Status: NEW
NPI:
Tax ID:
Last Name:
Search

[User List](#)
[Download To Excel](#)

User ID	First Name	Last Name	Account Status	NPI	Tax ID	Physician or Clinic Group Practice Name	Office Manager	Registration Date
myuser1311867718589	Fname	Lname	NEW	1639192743	262101949	stlukes	☒	07/28/2011 10:42:35 AM
in_provider_test8100	ryan	lindbeck	NEW		352048141	Test Group	☐	07/06/2011 01:35:25 PM
myuser06305	asda	asda	NEW		363683493	asdasdasdasd	☒	06/30/2011 10:45:05 AM
myinprov123123	asd	asd	NEW		352045239	sdfsdfsdf	☒	06/21/2011 04:36:15 PM
myinprov06231	asd	asda	NEW		352045239	jkdhakjsdh	☒	06/21/2011 04:33:27 PM
myinprov062111	fname	lname	NEW		352045239	mygroup	☒	06/21/2011 04:32:03 PM
test_6_21	a	a	NEW		383380434	a	☒	06/21/2011 01:02:15 PM
asdasdasdasdad	123123123214	asdasds	NEW	1558301614	383380434	asdasdasd	☒	06/21/2011 11:38:38 AM
bbbbbb	b	b	NEW		351069822	b	☐	05/16/2011 12:49:09 PM
aaaaaa	a	a	NEW		351069822	a	☐	05/16/2011 12:21:15 PM

2,071 items found, displaying 1 to 10.
Page 1/208
[1](#)
[2](#)
[3](#)
[4](#)
[5](#)
[6](#)
[7](#)
[8](#)
[Next](#)
[Last](#)

New Account Results

After locating all NEW accounts

- Click on the **User ID link** for each new user and review their information and access request.
- The health plan and/or Office Manager will review access requests and either approve or deny the requests.

Note: Please refer to your health plan's P&Ps for the proper way to validate a provider.

Approve / Deny / Update Requests

Administration
Registration Admin
My Account
Reports
Resources
Contact Us

Registration Admin

Physician/Practice/Clinic/Group Information

Physician/Group Name: stlukes
Tax ID: 262101949
NPI: 1639192743

Administrator/Manager Contact Information

Admin: Yes
Contact First Name: Fname
Contact Last Name: Lname
Phone Number: 9999999999
Fax Number:
Email Address: sbachina@centene.com

User Information

First Name: Fname
Last Name: Lname
Phone Number: 9999999999
Ext:
Fax Number:
Email Address: sbachina@centene.com
Login Name: myuser1311867718589
Date Registration Submitted: 07/28/2011 10:42:35 AM
Status: NEW

User Administration

LDAP User ID: 15737
Last Login Date:
Role Access:
☒ AUTHORIZATIONS / CLINICAL INFORMATION
☒ OFFICE MANAGER
☒ ELIGIBILITY
☒ CLAIMS

Comments

4000 characters left

Verification Question

What city were you born in? 1
What is your mother's maiden name? 1
What is your father's middle name? 1

Approve **Deny** **Update** **Cancel**

Access Request Management

Once provider is proven valid, be sure to check (or uncheck) any role access that matches (or does not match) their job function.

- From here you can **Approve**, **Deny**, or **Update** requests by clicking on the appropriate button.

Cancel Button

- Click the **Cancel** button to exit the registration request.

Approve Access

To approve access to the portal for a Provider

Registration Admin

Physician/Practice/Clinic/Group Information

Physician/Group Name:
Mercy Medical Group
Tax ID:
201017034
NPI:

Administrator/Manager Contact Information

Admin:
Yes
Contact First Name:
Jennifer
Contact Last Name:
Hester
Phone Number:
(314)5222500
Fax Number:
(314)2555200
Email Address:
jmay@centene.com

User Information

First Name:
Jennifer

Last Name:
Hester

Phone Number:
(314)5222500

Extn:

Fax Number:
(314)2555200

Email Address:
jmay@centene.com

Login Name:
mercymed

Date Registration Submitted:
07/29/2011 10:32:02 AM

Status:
NEW

User Administration

LDAP User ID:
15736
Last Login Date:

Role Access:
☒ AUTHORIZATIONS / CLINICAL INFORMATION
☒ OFFICE MANAGER
☒ ELIGIBILITY
☒ CLAIMS

Comments

4000 characters left

Verification Question

What is your mother's maiden name? 1
What is your father's middle name? 1
What is your favorite sports team? 1

Approve

Deny

Update

Cancel

Registration Admin

- Click the **User ID** link to open the provider access request.
- Review the provider access request.

Note: Only Providers who are Par on the Network should have Approved Access to the Secure Portal. If a Par Provider leaves the Network for any reason, their access to the portal should be immediately terminated.

- In the Comments field, enter your **Initials** and the **Date Approved**.
- Click the **Approve** button.

Registration Admin

Thank You
The user **jhester** has been successfully approved.

OK

Registration Admin Confirmation

- You receive a confirmation that the provider has been approved.
- Click **OK**.

Deny Access

To deny access to a Provider

User Administration

LDAP User ID: 14477 Last Login Date:

Role Access:

- ☒ AUTHORIZATIONS / CLINICAL INFORMATION
- ☒ OFFICE MANAGER
- ☒ ELIGIBILITY
- ☒ CLAIMS

Comments

4000
characters left

Verification Question

What is your mother's maiden name?	1
What is your favorite sports team?	1
What is your father's middle name?	1

Registration Admin

- Click the **User ID** to open and review the provider access request.
- In the Comments field, enter your **Initials** and the **Date Denied**.
- Click the **Deny** button to deny the request.

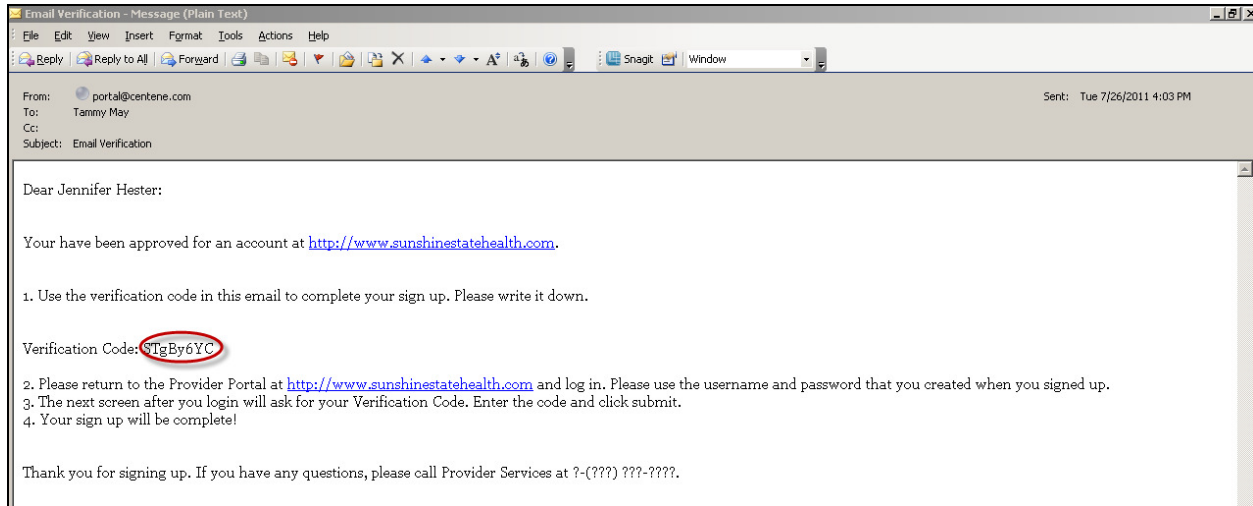
By denying the user, the registration will be cancelled.
Are you sure you want to inactivate this user?

Access Denial Verification

- You are asked to confirm the inactivation of the user by clicking Yes or No.
- Click **Yes**.

Verification Email

Once the registration request has been approved, denied, or updated, the user will receive an email providing additional information / instructions.

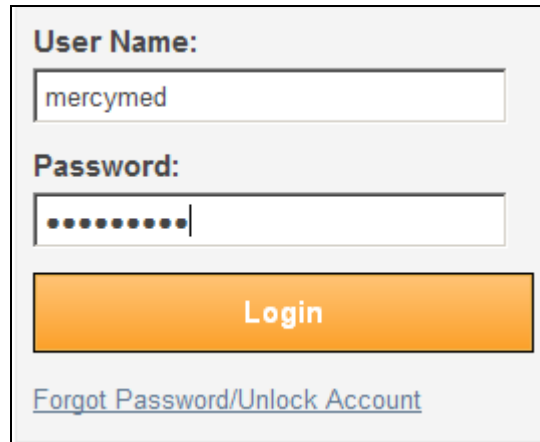


Email Verification

Note: In the approved account email verification there is a Verification Code for the provider to use upon their initial login attempt.

Approved Registrations

The Provider receives the verification email and returns to the portal to login.

A login window with a light gray background. It contains two text input fields: the first is labeled "User Name:" and contains the text "mercymed"; the second is labeled "Password:" and contains ten dots. Below the password field is an orange "Login" button. At the bottom of the window is a blue hyperlink that reads "Forgot Password/Unlock Account".

User Name:
mercymed

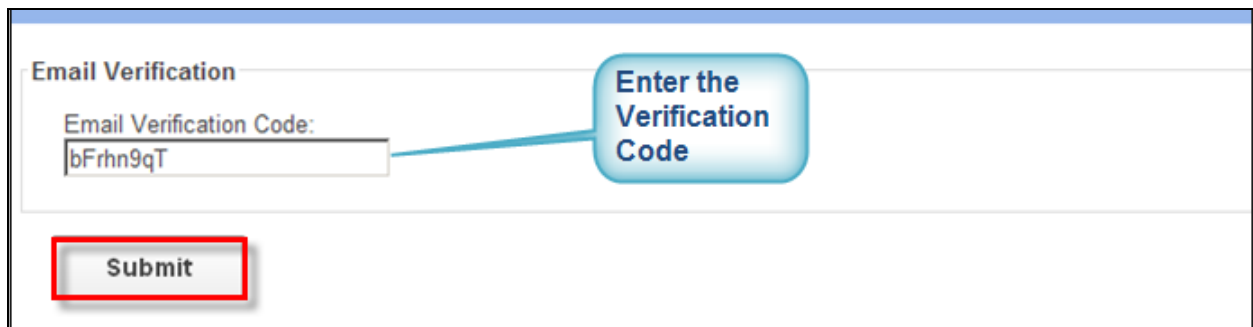
Password:
.....

Login

[Forgot Password/Unlock Account](#)

Login Window

- Enter the **User Name** and **Password** created.
- Click the **Login** button.

An email verification form with a white background and a blue border. It has a title "Email Verification". Below it is a text input field labeled "Email Verification Code:" containing the text "bFrhn9qT". A blue callout bubble with the text "Enter the Verification Code" points to this field. At the bottom left is a "Submit" button with a red border.

Email Verification

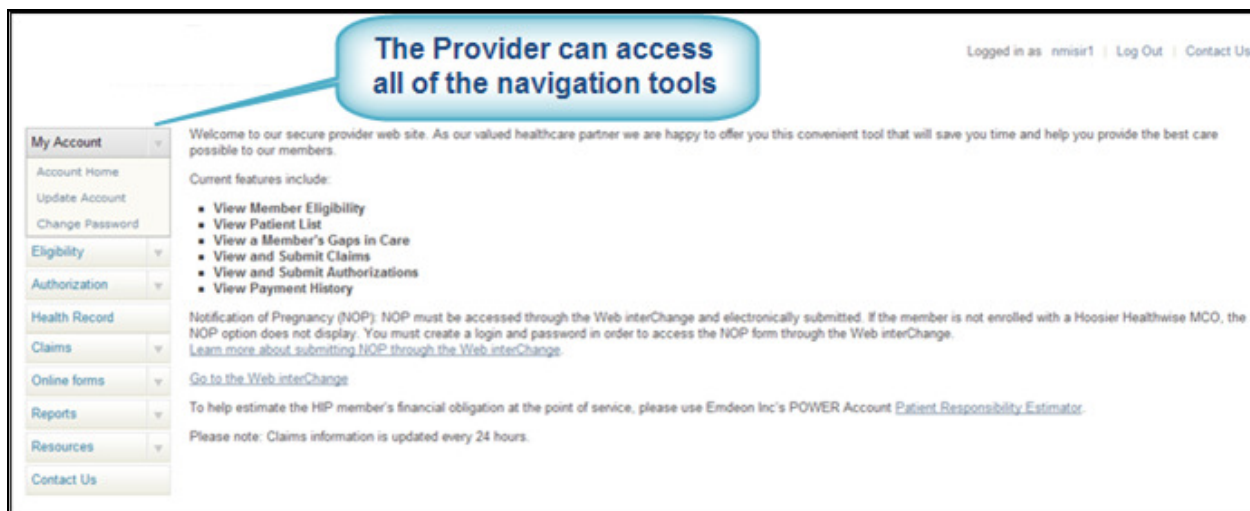
Email Verification Code:
bFrhn9qT

Enter the Verification Code

Submit

Email Verification Code Field

- Enter their **Email Verification Code**.
- Click the **Submit** button.



Provider Home Page

- The Provider home page appears allowing access to the Navigation bar on the left side of the screen.

Creating New Users

As a Member/Provider Service Representative, you have the ability to register providers/office managers on their behalf. This includes ability to add one user or multiple users at one time.

Registration Admin

Create New User

Status: NPI: Tax ID: Last Name:

User List [Download To Excel](#)

User Id	First Name	Last Name	Account Status	NPI	Tax ID	Physician or Clinic Group Practice Name	Office Manager	Registration Date
jhester	Jennifer	Hester	APPROVED		592766165		☐	07/25/2011 04:19:57 PM
asdasdaduytyut786876ugtuty78678	eetetetr	rwtretrewtre	OMCREATED	1043213234	263661663	asdasdasdasd	☐	07/12/2011 03:56:59 PM
adasda123123123asdasdadasdasdasd	asdadadasda	dasdasdas	OMCREATED	1043213234	263661663	asdasdasdasd	☐	07/12/2011 03:56:45 PM
asdasd12312sadasd12312asdads	asdasda	sdasdasd	OMCREATED	1043213234	263661663	asdasdasdasd	☐	07/12/2011 03:53:39 PM
asdasd12312asasd1231231asdasda	asdasda	sdasd	OMCREATED	1043213234	263661663	asdasdasdasd	☐	07/12/2011 03:53:35 PM
myflprov07121	asdad	sasad	APPROVED	1043213234	263661663		☐	07/12/2011 03:49:53 PM
fl_provider_test03	FName	LName	APPROVED		592766165	Test Group	☒	06/17/2011 02:50:52 PM
fl_provider_test02	FName	LName	EMAIL_VERIFICATION		592766165	Test Group	☒	06/17/2011 02:36:35 PM
fl_provider_test01	FName	LName	APPROVED		592766165	Test Group	☒	06/15/2011 04:01:44 PM
fl_provider_test51	Greg	Tester	APPROVED		562544450	Test Group	☐	05/03/2011 03:53:15 PM

105 items found, displaying 1 to 10. Page 1/11 [1](#)[2](#)[3](#)[4](#)[5](#)[6](#)[7](#)[8](#) [Next](#) [Last](#)

Registration Admin

- To add providers / office managers as new users, click the **Create New User** button.

Creating New Users

Create New User

* = Required

User 1

User Name*

First Name*

Last Name*

Email Address*

Phone Number*

Extension

Tax ID *

NPI

Role Access *

☐ AUTHORIZATIONS

☐ OFFICE MANAGER

☐ ELIGIBILITY

☐ CLAIMS

User 2

User Name*

First Name*

Last Name*

Email Address*

Phone Number*

Extension

Tax ID *

NPI

Role Access *

☐ AUTHORIZATIONS

☐ OFFICE MANAGER

☐ ELIGIBILITY

☐ CLAIMS

User 3

User Name*

First Name*

Last Name*

Email Address*

Phone Number*

Extension

Tax ID *

NPI

Role Access *

☐ AUTHORIZATIONS

☐ OFFICE MANAGER

☐ ELIGIBILITY

☐ CLAIMS

Create New User Screen

You must enter the required information for each user you are creating.

- You need to create a unique **user name** for each user. User Names are shared across all health plans within Centene.
- Populate the user's **First Name, Last Name, Email Address, Phone Number, and TIN**.
- Specify their **Role Access** by clicking the corresponding checkbox (see Role Access Options below)
- Once you have completed the Create New User Page click the **Submit** button.

Note: This screen allows you to enter up to 10 providers / managers at one time.

Role Access Options

Eligibility:

- View Member Details
- View and Print PCP Panel (Patient List)

Claims

- Search and View Claims
- Check Claims status
- View Payment History
- Submit Claims
- Submit Claims Adjustments (if applicable)

Authorizations

- Search and View Authorizations
- Submit Authorizations

Office Manager

- Manage accounts within group practice that belongs to the Tax Identification Number (TIN)

Note: An office manager cannot grant office manager privileges to another office manager. Each office manager must go through the registration process accepting the terms and conditions.

Reminder: Please refer to your health plan's P&P for granting providers/office managers access. Remember if you approve an office manager you must provide them with training and set expectations around managing accounts including auditing.

You will provide the User Name for all providers/office managers you have created via a separate process. The new provider and /or office manager will receive an email containing their temporary password.

Manage Users

(Unlock/Update/Reset Password/Disable/Enable)

Administration

Registration Admin

My Account

Reports

Resources

Contact Us

Registration Admin

Physician/Practice/Clinic/Group Information

Physician/Group Name:
Test Account

Tax ID:
351116775

NPI

Administrator/Manager Contact Information

Admin: No

Contact First Name:

Contact Last Name:

Phone Number:

Fax Number:

Email Address:

User Information

First Name:
Prasad

Last Name:
Balla

Phone Number:
1231231231

Extn:

Fax Number:

Email Address:
pballa@centene.com

Login Name:
in_test_19

Date Registration Submitted:
07/20/2011 11:47:31 AM

Status:
APPROVED

User Administration

LDAP User ID:
15373

Last Login Date:
07/20/2011 11:48:38 AM

Role Access:

☒ AUTHORIZATIONS / CLINICAL INFORMATION

☒ OFFICE MANAGER

☒ ELIGIBILITY

☒ CLAIMS

Comments

3957 characters left

2011 Jul 20 11:48:56 Setting to approval

Verification Question

What is your mother's maiden name? 1

What is your favorite sports team? 1

What is your father's middle name? 1

Reset Password

Disable

Update

Cancel

Registration Admin Screen

Reset Password

- A user's password can be reset by clicking the **Reset Password** button from the Registration Admin screen.
- A confirmation email is sent to the Provider letting them know that their password has been reset.

Disable

- A user's account can be disabled by clicking the **Disable** button from the Registration Admin screen.
- A prompt asked you to confirm the disablement by clicking Yes or No.
- Click **Yes** to disable.

Update Information

- A user's account information can be updated.
- Enter any appropriate updates to Phone Numbers, Fax Numbers, Email Address, etc.
- Click the **Update** button to save your work.

Important Reminders

- Changes to the Providers demographic information on this screen WILL NOT update Amisys or Portico. This will only update the registration information on the user.
- Providers will be required to re-agree to the Terms and Agreement the next time they log in after you made any demographic updates.
- You have the ability to change passwords, and role access. You also have the ability to select unlock, activate, reset, disable and enable users as needed.

Note: If you enable an office manager after they have already had an account, they will be prompted to agree to the Office Manager Terms and Agreements before they will be allowed to log in.

User Management Tips

- A user's account will lock after **five** incorrect login attempts. The user will retain the ability to reset their password from their login page or they may contact you requesting assistance.
- If the user has not accessed the portal site for ninety days, their account will automatically move into inactive status. Refer to your Health Plans P&Ps for additional guidance.
- Inactive or disabled accounts can be enabled. The user will not have to re-register.

Audit Users

Providers/Office Managers can audit all users associated with their TIN. They can also generate reports for these users. This is an important feature for providers/office managers as they are responsible for auditing their staff records to ensure accuracy and guarantee HIPPA compliance.

Registration Admin

Create New User

Status:
NPI:
Tax ID:
Last Name:
Search

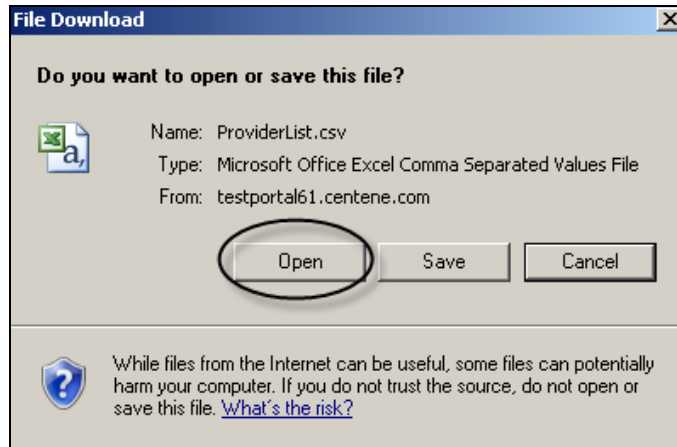
User List
[Download To Excel](#)

User Id	First Name	Last Name	Account Status	NPI	Tax ID	Physician or Clinic Group Practice Name	Office Manager	Registration Date
nmisir1	Naresh	Misir	APPROVED		201017034	Mercy Medical	☐	07/28/2011 11:52:21 AM
myuser1311867718589	Fname	Lname	EMAIL_VERIFICATION	1639192743	262101949	stlukes	☒	07/28/2011 10:42:35 AM
mercymed	Jennifer	Hester	LOCKED		201017034	Mercy Medical Group	☒	07/28/2011 10:32:02 AM
in_provider_test04	FName	LNameFour	EMAIL_VERIFICATION		263083364	Test Group	☒	07/22/2011 07:03:11 AM
in_provider_test5080	TestFirstName	TestLastName	APPROVED		201017034	Test Group	☒	07/21/2011 02:30:20 PM
torrence1	Torrence	Hatch	OMCREATED		201017034		☐	07/21/2011 06:45:18 AM
in_provider_test53	Greg	Tester	EMAIL_VERIFICATION		203904383	Test Group	☐	07/20/2011 02:53:28 PM
in_test_19	Prasad	Balla	DISABLED		351116775	Test Account	☒	07/20/2011 11:47:31 AM
in_test_18	Prasadab	Ballaab	APPROVED		351116775		☐	07/20/2011 11:41:24 AM
in_test_17	Prasad	Balla	APPROVED		351116775	Test Account	☐	07/20/2011 11:41:20 AM

2,424 items found, displaying 1 to 10.
Page 1/243
[1](#)[2](#)[3](#)[4](#)[5](#)[6](#)[7](#)[8](#)
[Next](#)
[Last](#)

Download to Excel Hyperlink

- To create a report, click on the [Download To Excel](#) hyperlink.



File Download Window

- To open the document in Excel, click the **Open** button. Your Excel file opens.

User ID																
1	User ID	First Name	Last Name	Account St	Tax Id	NPI	Physician c	Role	Access Email	Registratio	Last Login Date					
2	nbillows	Natalia	Billows	REPCREA	6.41E+08				CLAIMS@ljohnson@	#####	#####					
3	kwilky1	Korisha	Wilks	DENIED	6.41E+08		Ba Humbu	CLAIMS@ljohnson@	#####	#####						
4	testgroup1	Nathan	Johnson	APPROVE	6.41E+08		TEST GROU	CLAIMS@ljohnson@	#####	#####						
5	test11	Nathan	Johnson	EMAIL_VE	6.41E+08		Test 11	CLAIMS@ljohnson@	#####	#####						
6	ms_prov_cryan	lindbeck		APPROVE	6.41E+08			CLAIMS@lindbeck@	#####	#####						
7	ms_providi_ryan	lindbeck		APPROVE	6.41E+08			CLAIMS@lindbeck@	#####	#####						
8	ms_providi_ryans	lindbeck		APPROVE	6.41E+08			CLAIMS@lindbeck@	#####	#####						
9	ms_providi_ryan	lindbeck		APPROVE	6.41E+08		test	CLAIMS@lindbeck@	#####	#####						
10	ms_providi_ryan	lindbeck		APPROVE	6.41E+08		test	CLAIMS@lindbeck@	#####	#####						
11	mryan2	Matthew	Ryan	APPROVE	6.41E+08		Matt Ryan	CLAIMS@ljohnson@	#####	#####						
12	njenkins2	Natalie	Jenkins	EMAIL_VE	6.41E+08		Health Plan	CLAIMS@ljohnson@	#####	#####						
13	kwilks1	Korisha	Wilks	APPROVE	6.41E+08			CLAIMS@ljohnson@	#####	#####						
14	njohnson4	Nathan	Jones	REPCREA	6.41E+08			CLAIMS@ljohnson@	#####	#####						
15	ms_providi_ryan	lindbeck		APPROVE	6.41E+08	1.12E+09	teste	CLAIMS@lindbeck@	#####	#####						
16	provms11	john	provMsEle	APPROVE	6.41E+08		Test Accou	CLAIMS@lJHARRAL	#####	#####						
17	ms_test_d_ryan	testdeny		EMAIL_VE	6.41E+08			CLAIMS@lindbeck@	#####	#####						
18	ms_providi_Tarsha	Carter-Aml		APPROVE	6.41E+08	1.37E+09	Mississipp	CLAIMS@lindbeck@	#####	#####						
19	juliedoc1	Julie	Dobbs	DISABLEC	2.6E+08		Dobbs Doc	CLAIMS@ljdobbs@ce	#####	#####						
20	ms_prov_tr_ryan	lindbeck		DENIED	6.41E+08		trest	CLAIMS@lindbeck@	#####	#####						
21	ms_test_m_ryan	lidbeck		DISABLEC	6.41E+08		test	CLAIMS@lindbeck@	#####	#####						
22	ms_prov_tr_ryan	lindbeck		APPROVE	6.41E+08	1.37E+09	test	CLAIMS@lindbeck@	#####	#####						
23	provider2_provider2	ms		DENIED	6.41E+08		provider2	CLAIMS@lgbblackshee	#####	#####						
24	provider1_provider1	ms		APPROVE	6.41E+08		provider1	CLAIMS@lgbblackshee	#####	#####						
25	ms_test_al	Prasad	Balla	APPROVE	6.41E+08			CLAIMS@lpballa@ce	#####	#####						
26	test_ms_u	Prasad	Balla	APPROVE	2.05E+08		Test Mag U	CLAIMS@lpballa@ce	#####	#####						
27	ms_prov_tr_ryan	lindhouse		NEW	6.4E+08		test	CLAIMS@lindbeck@	#####	#####						
28	ms_providi_ryan	lindbeck		EMAIL_VE	6.4E+08		test	CLAIMS@lindbeck@	#####	#####						
29	ms_prov_tr_ryans	lindbeck		REPCREA	6.4E+08			CLAIMS@lindbeck@	#####	#####						
30	magtest30l	Julie	Dobbs	APPROVE	6.4E+08			CLAIMS@ljdobbs@ce	#####	#####						
31	mag30test	Julie	Dobbs	APPROVE	6.4E+08		Doc	AUTH@OFFjdobbs@ce	#####	#####						
32	ms_providi_ryan	lidbeck		APPROVE	6.4E+08		test	CLAIMS@lindbeck@	#####	#####						
33	magtest10	Julie	Dobbs	REPCREA	6.46E+08			CLAIMS@ljdobbs@ce	#####	#####						
34	magtest9	Julie	Dobbs	DENIED	6.46E+08		Docs	OFFICE_ljdobbs@ce	#####	#####						
35	ms_providi_ryan	lindbeck		NEW	6.4E+08		test	CLAIMS@lindbeck@	#####	#####						
36	prov98	nm	sherrv	EMAIL_VE	6.4E+08		test7	CI_AIMS@lsofannern	#####	#####						

Excel Document

Support a User

Support a User is functionality meant for a Support Role at the health plan to assist providers with questions, additional training opportunities (i.e., how to submit / review claims, authorizations, payment history). This functionality also gives the user the ability to access provider's information for screen captures needed when reporting issues to the Service Desk.

The screenshot shows a web application interface. On the left is a vertical navigation menu with items: Administration, Support A User (highlighted with a red box), My Account, Eligibility, Authorization, Claims, Online forms, Reports, and Contact Us. The main content area has a blue header bar with the text 'Support A User'. Below this, it says: 'As a User with Administrative rights, you can view the following data for any provider. This information may not be the same that the provider can view.' There are four sections: 'Member Eligibility', 'Claims', 'Patient List', and 'Authorizations'. Under 'Authorizations', it says: 'Using the form below, after you submit, all of your search functions will see data for the given provider (only). You are viewing data for: TIN #: 561919748'. Below this is a form with two input fields: 'Username:' and 'TIN #:', separated by 'Or'. A 'Submit' button is at the bottom of the form, also highlighted with a red box.

Support A User

- From the Administration drop-down list, select **Support A User**.
- Enter either the **Provider's User Name** or **TIN #**.
- Click the **Submit** button to activate Support A User functionality.

If you search by User Name, you can access the information associated with that Provider TIN. Depending on the access permissions you have, you will be able to see the **SAME** things that the Provider can see.

Menu Options

My Account (Not All Health Plans)

- Account Home
- Update Account
- Change Password

Eligibility:

- Eligibility Search
- Patient List
- Patient List Downloads

Authorizations

- Create Authorizations
- Search Saved
- Check Auth Status

Claims

- Check Claim Status
- View Web Claims
- Create Professional Claim
- Create Institutional Claim
- Batch Claims Submission
- Payment History Downloads
- Claim Auditing Tools

Online Forms

- Member Search

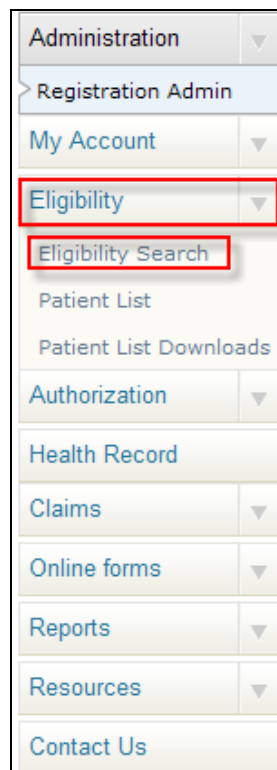
Reports

- Patient Cost Reports

Contact Us

Eligibility Search

The Eligibility Search functionality allows you to instantly verify a patient's Eligibility Status and view his or her Eligibility Details for a specified Date of Service (DOS).



Navigation Menu

- From the Navigation Menu at the left on the Home Page, select the drop-down arrow next to **Eligibility**, and select **Eligibility Search**.
- The Eligibility Search screen appears.

The Eligibility Search screen has a blue header with the title "Eligibility Search". Below the header is a light blue search area. It contains four input fields arranged horizontally, separated by vertical lines and the word "and". The first field is labeled "Date of Birth:" and has a date picker icon. The second field is labeled "Medicaid ID -Or- Member ID -Or- Last Name, First Name" and is a text input field. The third field is labeled "Date of Service:" and contains the text "08/12/2011". To the right of the third field is an orange "Search" button.

Eligibility Search Screen

In the Eligibility Search screen, you must search by Date of Birth, Medicaid ID/Member ID or Last Name, First Name, and Date of Service as they are required fields.

The screenshot shows the 'Eligibility Search' interface. It features three input fields for search criteria, separated by 'and' connectors. The first field is 'Date of Birth:' with the value '12/17/2006'. The second field is for 'Medicaid ID' or 'Member ID' (indicated by a green checkmark icon) or 'Last Name, First Name', with the value '105165138699'. The third field is 'Date of Service:' with the value '07/25/2011'. A red 'Search' button is located to the right of the third field.

Search by Date of Birth, Medicaid ID, and Date of Service

- Enter **Date of Birth** and
- Enter the **Medicaid ID** and
- Enter the **Date of Service**. You need to click in the field and populate the date using the calendar provided.
- Click the **Search** button.

To search by Last Name, First Name

The image shows a web form titled "Eligibility Search". It contains four input fields arranged horizontally, separated by vertical lines and the word "and". The first field is labeled "Date of Birth:" and contains the text "12/17/2006". The second field is labeled "Medicaid ID -or- Member ID" and contains the text "cox, niv". Above this field, there are two green checkmarks, one next to "Last Name" and one next to "First Name". The third field is labeled "Date of Service:" and contains the text "07/25/2011". To the right of the fields is an orange button labeled "Search".

Search by Last Name, First Name

- Enter **Date of Birth** and
- Enter the **Last Name, First Name** and
- Enter the **Date of Service**. You need to click in the field and populate the date using the calendar provided.
- Click the **Search** button.

Note: When you search by Last Name, First Name you must enter it exactly how it is listed in the portal.

The results of your eligibility search lists all patients that meet the criteria you entered.

Eligibility Search

Date of Birth:
12/17/2006

and

Medicaid ID
-Or- Member ID
-Or- Last Name, First Name

COX; [REDACTED]

and

Date of Service:
07/25/2011

Search

Alerts	Member Name COX [REDACTED]	Gender [REDACTED]	Date of Birth [REDACTED]	Medicaid ID 105 [REDACTED]	Provider Name CONNORS [REDACTED]	Effective Date 06/01/2011	Term Date 07/31/2011	DOS Eligibility ACTIVE
--------	---	----------------------	-----------------------------	-------------------------------	-------------------------------------	------------------------------	-------------------------	---------------------------

One item found. Page 1/1 1

Eligibility Search Results

- Click on the **Member Name** hyperlink to access their record.

Member Eligibility Details

The Member Eligibility Details displays various details about the Member's PCP, COB, and History.

Administration

My Account

Eligibility

Eligibility Search

Patient List

Patient List Downloads

Authorization

Health Record

Claims

Online forms

Reports

Resources

Contact Us

Member Eligibility Details

Download to PDF

Date of Service:

Date Searched:

08/03/2011

Program:

Hoosier Healthwise

Member Name:

Date of Birth:

Medicaid ID:

Details

PCP

COB

History

Member Details

Phone Number:

Address:

Gender:

F

Eligibility Details

Date of Service:

Effective Date:

08/01/2011

DOS Eligibility:

ACTIVE

Term Date:

12/31/9999

Member IDs

Medicaid ID:

Current Primary Care Provider

Provider Name:

CONNORS, JAMES

Address:

545 S BOEHNE CAMP ROAD EVANSVILLE IN 47712

Phone:

812-429-1818

Provider ID:

History

Effective Date	Term Date	Provider Name
08/01/2011	12/31/9999	CONNORS, JAMES
06/01/2011	07/31/2011	CONNORS, JAMES
02/01/2011	05/31/2011	CONNORS, JAMES
08/15/2010	01/31/2011	CONNORS, JAMES

COB History

Nothing found to display.

Eligibility History

Effective Date	Term Date	Program	Class
08/01/2011	12/31/9999	Hoosier Healthwise	SUBSCRIBER
06/01/2011	07/31/2011	Hoosier Healthwise	SUBSCRIBER
02/01/2011	05/31/2011	Hoosier Healthwise	SUBSCRIBER
08/15/2010	01/31/2011	Hoosier Healthwise	SUBSCRIBER

Member Eligibility Details

Member Eligibility Details

Member Details	
Phone Number:	812-629-8332
Address:	7927 CIRCLE FRONT
	EVANSVILLE, IN, 477150000
Gender:	F

Member Details

Member Eligibility Details contains the following information:

- Specific Date of Service (providers can confirm eligibility prior to seeing member)
- Health Plan / Program information
- Member's full name
- Date of Birth
- Medicaid ID
- Member Demographics (phone, address, city state and zip)
- Gender
- Eligibility Details
- Member ID numbers

Primary Care Provider (PCP)

Current Primary Care Provider		
Provider Name: CONNORS, JAMES		
Address: 421 CHESTNUT ST EVANSVILLE IN 47713		
Phone: 812-479-6909		
Provider ID: 807529		
History		
Effective Date	Term Date	Provider Name
08/01/2011	12/31/9999	CONNORS, JAMES
06/01/2011	07/31/2011	CONNORS, JAMES
02/01/2011	05/31/2011	CONNORS, JAMES
08/15/2010	01/31/2011	CONNORS, JAMES

Primary Care Provider Info

From this hyperlink you can access the following information regarding the current PCP:

- PCP's name
- PCP's address
- PCP's phone number
- Provider ID # (Amisys provider number)
- History span of PCP assignment (or member's eligibility history)

Coordination of Benefits (COB)

COB History
Nothing found to display.

COB History

The Coordination of Benefit (COB) information displays if the member had other insurance. It would display the following:

- Name of other insurance carrier(s) or health plan(s)
- Effective dates of coverage for other insurance carrier(s) or health plan(s)

Eligibility History

Eligibility History			
Effective Date	Term Date	Program	Class
08/01/2011	12/31/9999	Hoosier Healthwise	SUBSCRIBER
06/01/2011	07/31/2011	Hoosier Healthwise	SUBSCRIBER
02/01/2011	05/31/2011	Hoosier Healthwise	SUBSCRIBER
08/15/2010	01/31/2011	Hoosier Healthwise	SUBSCRIBER

Eligibility History

The History information displays the following:

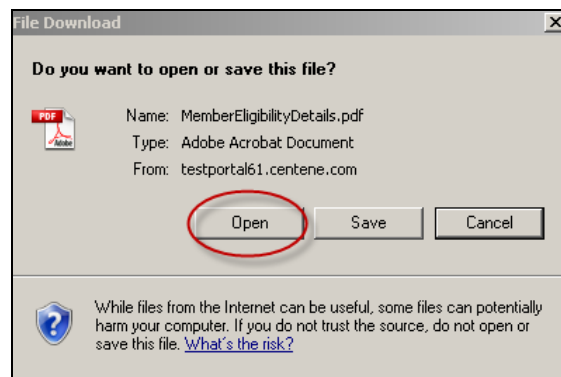
- Effective Date
- Term Date
- Program
- Class

Download to PDF

Member Eligibility Details	
Date of Service: [REDACTED]	Download to PDF 
Date Searched: 08/03/2011	
Program: Hoosier Healthwise	
Member Name: [REDACTED]	
Date of Birth: [REDACTED]	
Medicaid ID: [REDACTED]	

Download to PDF hyperlink

- A copy of a member's Eligibility Details can be downloaded and printed in its entirety by clicking the **Download to PDF** hyperlink.



File Download Window

- At the prompt to open or save the file, click **Open**.

MemberEligibilityDetails[1].pdf - Adobe Acrobat
File Edit View Document Comments Forms Tools Advanced Window Help

Member Eligibility Details

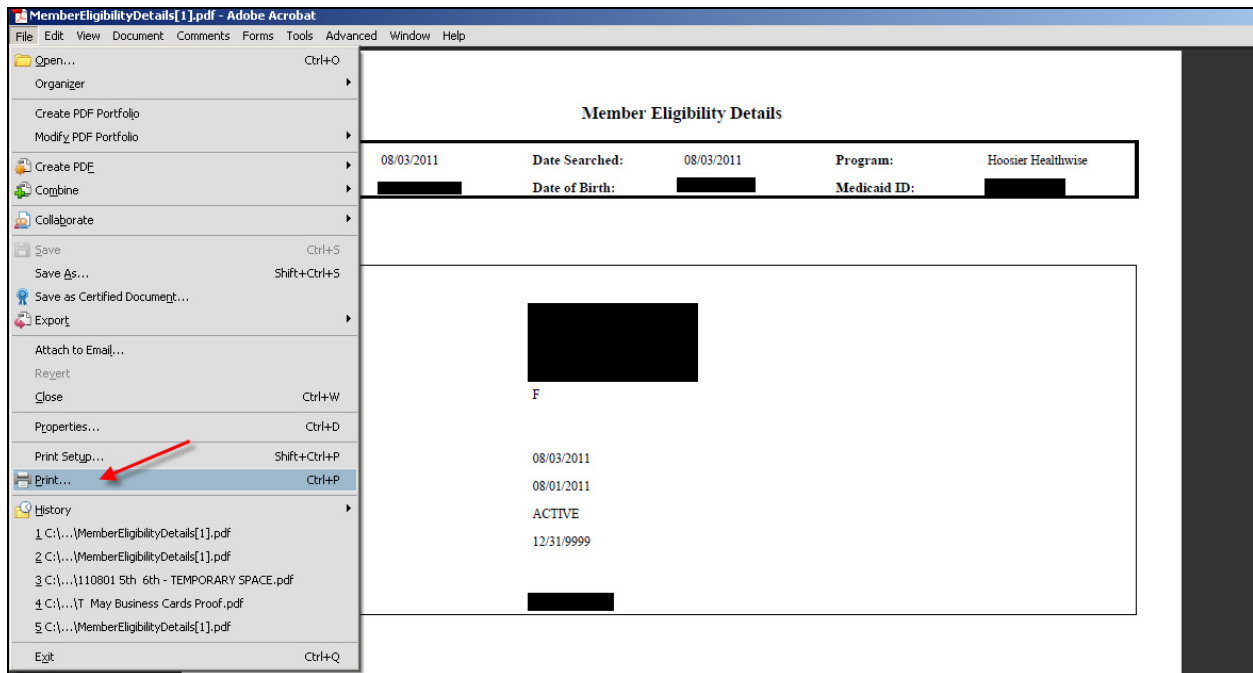
Date of Service:	██████	Date Searched:	08/03/2011	Program:	Hoonier Healthwise
Member Name:	██████	Date of Birth:	██████	Medicaid ID:	██████

<u>Member Details</u>	
Phone Number:	████████████████████
Address:	████████████████████
Gender:	F
<u>Eligibility Details</u>	
Date of Service:	08/03/2011
Effective Date:	08/01/2011
DOS Eligibility:	ACTIVE
Term Date:	12/31/9999
<u>Member ID:</u>	
Medicaid ID:	██████

Member Eligibility Details PDF

- The PDF opens allowing you to Print or Save.

To Print the Member Eligibility Details



Print Option

- Select **File** on the Menu bar.
- Select **Print** from the list of options.
- The Member Eligibility Details page prints.

To return to the Eligibility Search screen

- Use the **Back Browser** button on the Internet Explorer toolbar.

Patient List

The **Patient List** feature allows you to view a roster of patients that have selected you as their primary care provider (PCP). You can access patient lists by providing your NPI, Provider Medicaid ID, Member's Last Name (must be exact match), Programs, and Alert Types.

The screenshot shows a web application interface. On the left is a vertical navigation menu with the following items: Administration, My Account, Eligibility (highlighted), Eligibility Search, Patient List (highlighted with a red box), Patient List Downloads, Authorization, Health Record, Claims, Online forms, Reports, Resources, and Contact Us. The main content area has a blue header titled 'Patient List Search'. Below this header are several input fields: NPI, Provider Medicaid ID, Member's Last Name (with a note '(Last Name needs to be exact match)'), Programs (a dropdown menu), and Alert Types (a dropdown menu). At the bottom of the main area is a 'Search' button, which is also highlighted with a red box.

Patient List Search Screen

- From the Navigation menu, click the drop down arrow next to **Eligibility**, and select **Patient List**.

The Patient List screen displays two sections: Patient List Search fields, and Patient List Results.

Patient List Search

NPI:

Provider Medicaid ID:

Member's Last Name:

(Last Name needs to be exact match)

Programs:

Alert Types:

Search

Patient List

Download to [PDF](#) [Excel](#)

Alerts	Member Name	Member Id	Effective Date	End Date	Program	Date of Birth	Phone Number
			09/01/2009	12/31/9999	Hoosier Healthwise	10/15/2007	
			06/08/2011	12/31/9999	Hoosier Healthwise	12/24/2003	
			04/23/2010	12/31/9999	Hoosier Healthwise	01/12/2009	
			04/23/2010	12/31/9999	Hoosier Healthwise	02/05/2004	
			04/23/2010	12/31/9999	Hoosier Healthwise	09/20/2006	
			06/17/2011	12/31/9999	Hoosier Healthwise	04/23/1988	
			09/01/2009	12/31/9999	Hoosier Healthwise	05/19/2001	
			04/01/2011	12/31/9999	Hoosier Healthwise	11/01/2004	
			11/19/2010	12/31/9999	Hoosier Healthwise	11/21/1992	
			01/26/2011	12/31/9999	Hoosier Healthwise	11/15/1998	

581 items found, displaying 1 to 10. Page 1/59 [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [Next](#) [Last](#)

Patient List

The **Patient List Results** is a complete listing of patients who have selected you as their PCP.

Note: For groups with multiple providers associated with a single Tax ID you will receive a Patient List of all patients who have chosen the providers linked to your Tax ID as their PCP. You have the ability to Search the listing by individual NPI or sort the listing by Provider Name.

You can navigate the list of matching transactions using the following controls:

- **Download to PDF** enables you to download patient list to a PDF file.
- **Download to Excel** enables you to download patient list to Excel file.
- **Page Number** displays the corresponding page of results (10 transactions per page).
- **Next** displays the page of results immediately following the currently displayed page.
- **Last** displays the last page of the results listing.

Patient List Search

The Patient List feature allows you to search for patients by the following search criteria: NPI, Member ID, and/or Patient Last Name.

Administration ▾

My Account ▾

Eligibility ▾

Eligibility Search

> Patient List

Patient List Downloads

Authorization ▾

Health Record

Claims ▾

Online forms ▾

Reports ▾

Resources ▾

Contact Us

Patient List Search

NPI:

Provider Medicaid ID:

Member's Last Name: (Last Name needs to be exact match)

Programs:

Alert Types:

Search

Patient List Search by Member Last Name

- Limit the Patient List Results by entering any combination of the designated search criteria (i.e. **NPI**, **Provider Medicaid ID**, **Member's Last Name**, **Programs** and/or **Alert Types**).
- When searching by Alert Types select the **drop down arrow** and choose the appropriate Alert Type.

Alert Types:

- Adult Preventive
- Asthma
- Cardiac
- Child Preventive
- Diabetes
- Flu Vaccine
- Other Chronic

Alert Types Options

- Click **Search** button to access Search Results.

Patient List Results

The result of your search lists all patients that meet the criteria entered.

The screenshot shows a web application interface for searching patient lists. On the left is a navigation menu with links: Administration, My Account, Eligibility (selected), Eligibility Search, Patient List (active), Patient List Downloads, Authorization, Health Record, Claims, Online forms, Reports, Resources, and Contact Us. The main area is titled 'Patient List Search' and contains several input fields: NPI, Provider Medicaid ID, Member's Last Name (with a note: '(Last Name needs to be exact match)'), Programs (a dropdown menu), and Alert Types (a dropdown menu). A 'Search' button is located below these fields. Below the search area, the results are displayed as a table. The table has columns: Alerts, Member Name, Member Id, Effective Date, End Date, Program, Date of Birth, and Phone Number. A single row of data is shown, with some fields redacted with black boxes. At the bottom of the table, it says 'One item found' and 'Page 1/1 1'. To the right of the table are two links: 'Download to PDF' and 'Download to Excel'.

Alerts	Member Name	Member Id	Effective Date	End Date	Program	Date of Birth	Phone Number
			06/17/2011	12/31/9999	Hoosier Healthwise		

Patient List Results

- Click **Member Name** hyperlink to access the Member Eligibility Details page. Refer to **Page 43** for information on Member Eligibility Details.

Download to PDF

- To download the patient list results into a PDF document, click the **Download to PDF** hyperlink.

Download to Excel

- To download the patient list results into an Excel spreadsheet, click the **Download to Excel** hyperlink.

Patient List Downloads

The **Patient List Downloads** feature allows you to download a file of Members. The file is available through this link for seven days, after which the link no longer displays.

Patient List Search

NPI:

Provider Medicaid ID:

Member's Last Name:

(Last Name needs to be exact match)

Programs:

Alert Types:

Patient List

Alerts	Member Name	Member Id	Effective Date	End Date	Program	Date of Birth	Phone Number
			09/01/2009	12/31/9999	Hoosier Healthwise	10/15/2007	
			06/08/2011	12/31/9999	Hoosier Healthwise	12/24/2003	
			04/23/2010	12/31/9999	Hoosier Healthwise	01/12/2009	
			04/23/2010	12/31/9999	Hoosier Healthwise	02/05/2004	

Download to PDF Download to Excel

Patient List

- Before you access the Patient List Downloads, you must select **Eligibility, Patient List**.
- Perform a Patient List Search, and retrieve your results. The results appear at the bottom of the screen.
- Click the **Download to Excel** hyperlink.

Your request has been received.
Go to **Eligibility > Patient List Downloads**
to retrieve your file or check the status of
your download request.

Message

- A message appears providing instructions as to retrieve your file or check the status of your download request.

Administration
My Account
Eligibility
Eligibility Search
Patient List
Patient List Downloads
Authorization
Health Record
Claims
Online forms
Reports
Resources
Contact Us

Patient List Downloads

Instructions: To retrieve your file, click the Download link.

Your file will be available for 7 days, afterwards the link will no longer display.

Date Requested	Type	Status	Archive Date	Download Link
08/04/2011 15:28	PATIENT LIST	COMPLETED	08/11/2011	download
08/04/2011 15:28	PATIENT LIST	COMPLETED	08/11/2011	download
08/04/2011 15:46	PATIENT LIST	COMPLETED	08/11/2011	download

3 items found, displaying all items. Page 1/1 1

Patient List Downloads

- Select **Eligibility** from the Navigation menu, and then **Patient List Downloads**.
- To download the Patient List, click the **download** hyperlink.

Submit Authorizations

The **Submit Authorizations** feature allows you to create and submit a medical authorization request for anticipated outpatient services or hospital admissions that will occur on a future date online. Urgent and/or emergent requests must be submitted by phone or fax.

Authorization requests can only be submitted via the web portal on patients who are currently eligible and for services that have not yet been rendered. The turn around time for web submitted requests can take up to fourteen (14) days, but progress of the requests can be viewed in the portal within 1 to 2 days of submission.

Registration Admin

Create New User

Status: NPI: Last Name: Search

User List [Download To Excel](#)

User Id	First Name	Last Name	Account Status	NPI	Tax ID	Physician or Clinic Group Practice Name	Office Manager	Registration Date
ga_provider_test53	Greg	Tester53	NEW		581279850	Greg Group	☐	08/03/2011 02:33:30 PM
ga_provider_test52	Greg	Test	EMAIL_VERIFICATION		581279850	Greg Group	☐	07/08/2011 12:37:41 PM
ga_member_jam1000	Jerome	Mullner	REPCREATED	1073570305	581279850		☒	07/06/2011 11:54:28 AM
ga_provider_test02	FName	LName	NEW		581279850	Test Group	☒	06/22/2011 02:42:13 PM
bigshot	test	person	EMAIL_VERIFICATION		581279850		☐	06/20/2011 01:34:41 PM
ga_provider_test01	FName	LName	APPROVED		581279850		☐	06/19/2011 12:41:45 PM
ga_user_p53	Greg	Tester	APPROVED		581279850	Greg Group	☐	06/08/2011 03:05:53 PM
hpmga_ecao_jam1000	J	Mullner	APPROVED	1073570305	581279850		☒	05/31/2011 08:32:42 AM
ga_user_p52	Greg	Tester	APPROVED		581279850	Test Group	☐	05/26/2011 03:23:06 PM
ga_provider_test1	ryan	lindbeck	NEW		581279850		☐	02/22/2011 10:15:17 AM

207 items found, displaying 1 to 10. Page 1/21 1,2,3,4,5,6,7,8 Next Last

Create Authorization

- From the Navigation menu, select **Authorization, Create Authorization**.

Submit Authorizations

The screenshot shows the 'Provider Secure Portal' interface. At the top, there is a header with the portal name, a welcome message 'Welcome, FName LName', and a 'Log Out' link. Below the header is a navigation bar with tabs for 'Administration', 'My Account', 'Eligibility', 'Authorization', 'Claims', 'Online Forms', 'Reports', and 'Contact Us'. The main content area is titled 'Create Authorization' and 'Step 1 of 3: Select Member'. It contains a checkbox for 'I have received written permission to request the following services on the members behalf'. Below this is a note: 'Enter Membership Information and Date of Service then click the "Continue" button'. A legend indicates '* = Required'. The 'Member Information' section includes fields for 'Medicaid ID or Member ID is required', 'Medicaid ID/PCK ID:', 'Member ID:', and 'Birth Date:*'. The 'Date of Service/Admission' section includes a note: 'Requests can only be backdated three days and may not be for service more than 30 days in the future.' and a field for 'Requested Date of Service:*'. A 'Continue' button is located at the bottom of the form. A footer note states: 'Please note: Member eligibility and authorization of services are conditions of reimbursement, not a guarantee of payment.'

Create Authorization-Select Member

1. In order to select a patient, you must check the **Permission Box** stating you have been authorized to act on his/her behalf. Once this box is checked the fields for entering the Member ID will be activated.
2. Enter the **Medicaid ID** or **Member ID** for the patient for which you are requesting services. Patients who are not eligible on the day of the request, or requests for services already rendered, cannot be submitted via the web portal. You will need to contact the health plan via the toll free authorization line and speak with a Medical Management representative.
3. Enter the member's **Birth Date**.
4. Enter the **date** you are requesting the **service to begin**. For admissions, this would be the proposed admission date. For outpatient services, this is the day the services are to begin. This date must be a future date. For services beginning on the current or past date, you must call the toll free Medical Management phone number.
5. Click the **Continue** button.

Submit Authorizations

Provider Secure Portal

Welcome, FName LName | [Log Out](#)

Administration ▼ My Account ▼ Eligibility ▼ Authorization ▼ Health Record Claims ▼ Online Forms ▼ Reports ▼ Resources ▼ Cont Us

Create Authorization

Step 2 of 3: Select Service

* = Required

Member Information

Medicaid ID	Date of Birth	Member Name	Effective Date	End Date
101068871999	04/17/1993	BEARD, JAIRUS L	06/01/2009	12/31/2050

Contact Information

The individual listed is considered the point of contact; verify contact information is correct. If the case manager has question(s) regarding this authorization request they will contact the person listed.

NOTE: The contact information listed below does not update your provider information on file.

Name:

Phone:

Fax:

Service Information

Select Service Type below

☒ Inpatient ☐ Outpatient

Service Type:

Please note: Member eligibility and authorization of services are conditions of reimbursement, not a guarantee of payment.

Create Authorization-Select Service

6. Validate the correct Member Name, DOB and effective coverage for reference.
7. Enter the **Contact Information** for the Authorization.
8. Select the **Service Type** of Inpatient or Outpatient.
**Only Outpatient authorizations are able to be submitted via the secure web portal for behavioral health*

Note: The Service Type selected for Outpatient Authorization requests will result in the appropriate behavioral health options to appear in the drop down menu.

Submit Authorizations

Welcome, FName LName | [Log Out](#)

[Administration](#) | [My Account](#) | [Eligibility](#) | [Authorization](#) | [Health Record](#) | [Claims](#) | [Online Forms](#) | [Reports](#) | [Resources](#) | [Contact Us](#)

Create Authorization

Step 2 of 3: Service Detail (Selected Service Type: Hospice)

o Requires Providers for this Service

Member Information

Medicaid ID	Date of Birth	Member Name	Effective Date	End Date
101068871999	04/17/1993	BEARD, JAIRUS L	06/01/2009	12/31/2050

Diagnosis Information

* = Required

Please list all diagnosis codes applicable to this member request. You must include a minimum of one primary diagnosis code.

	Primary	Dx. Code	Description
Delete	☒	100.9	Leptospirosis NOS
Add	☐		

Additional Clinical Information

Date of Service/Admission: 07/26/2011

Scheduled/Actual Admission Date:

Place of Service:

Symptoms:

Medication:

Additional Clinical Information:

Procedure Information

Please list all procedure codes being considered for this member request must include at least one primary procedure code.

	Primary	Code (CPT)	Description
Delete	☒	10081	incision & drainage pilonidal cyst complicated
Add	☐		

Provider Information

Admitting Provider*

Specialty:

Last Name: [Minimum 2 characters required] DO, TWEE THI
PO BOX 640242
CINCINNATI, OH 45264

Admitting Facility*

Name: [Minimum 3 characters required] HOSPITALITY HOUSE 100275040
1100 S CURRY PIKE
BLOOMINGTON, IN 47403

Attachments

Attach File:

Please note: Member eligibility and authorization of services are conditions of reimbursement, not a guarantee of payment.

Create Authorization-Service Detail

Submit Authorizations

9. Next complete the diagnosis information. Enter the **Primary ICD-9 Code**. If you are uncertain of the code, a lookup library is provided. You can use a partial ICD-9 code to find the correct code. You will need to look up a valid code using the lookup table.
 - The diagnosis box populates with the numeric and text description of the code. Select the **appropriate diagnosis code**.
 - Check the **Primary Diagnosis code box** once the code as been entered.
10. Enter the **Additional Clinical Information**, such as Actual Admission Date, Place of Service, Symptoms, Medication, etc.
11. Complete the Procedure (if applicable), and Provider Information sections.
12. You can add attachments to support you authorization requests.
 - Select **Browse** to search for you file attachment.
 - Next, select **Upload** to attach it to this page. You can select the **Delete** button to remove an attached document.
13. Click **Continue**.

Create Authorization Buttons

Add

- Click **Add** to add new authorization information.

Remove

- Click **Remove** to clear authorization information from the screen.

Save

- Click **Save** to save entered information. This will allow you to exit the Create Authorization screen and return at a later time.

Continue

- Click **Continue** to progress to the next step of the create authorizations process.

Welcome, FName LName | [Log Out](#)

[Administration](#) ▾
 [My Account](#) ▾
 [Eligibility](#) ▾
 [Authorization](#) ▾
 [Health Record](#)
[Claims](#) ▾
 [Online Forms](#) ▾
 [Reports](#) ▾
 [Resources](#) ▾
 [Co Us](#)

[Create Authorization](#)

Step 3 of 3: Review

Member Information

Medicaid ID	Date of Birth	Member Name	Effective Date	End Date
101068871999	04/17/1993	BEARD, JAIRUS L	06/01/2009	12/31/2050

Service Type

Hospice [[Edit Details](#)]

Diagnosis Information

Code (ICD-9)	Description	Principal
100.9	Leptospirosis NOS	Y

Inpatient Clinical Information

Symptoms: Symptoms freeform text

Medication: Medication freeform text

Additional Clinical Information: Additional Clinical Info freeform text

Transition of Care

Procedure Information

Code (CPT)	Description	Principal
10081	Incision & drainage pilonidal cyst complicated	Y

Provider Information

Admitting Provider	Admitting Facility
HOSPICE OF DARKE COUNTY, INC. 410 W VOTAW PORTLAND, IN 47371	HOSPITALITY HOUSE 100275040 1100 S CURRY PIKE BLOOMINGTON, IN 47403

Contact Information

Name: FName LName

Phone: 555-555-5555

Fax: 314-555-5555

Please note: Member eligibility and authorization of services are conditions of reimbursement, not a guarantee of payment.

Create Authorization- Review

14. Verify the authorization information (e.g., member information, service type and contact information).
15. Click **Submit** button to complete process.

Submit Authorizations

The screenshot shows a web portal interface. At the top, there is a navigation bar with links: Administration, My Account, Eligibility, Authorization, Health Record, Claims, Online Forms, Reports, Resources, and Contact Us. Below the navigation bar, the page title is 'Create Authorization'. The main content area displays a confirmation message: 'Thank you for submitting your Authorization Request. Your authorization request was submitted on: 2011-07-26 15:08:14.896'. Below this, it states 'Authorization has been submitted successfully.' and provides a reference number: 'Please use below reference number(s) for future reference'. A table shows the service type 'Hospice' and the web reference number '1988601'. The status is 'Under Review' with a yellow warning icon. The review reason states: 'Medical management is reviewing the information submitted. Reference number does not confirm authorization approval. Please check back within the next 1-2 business days for authorization status. If the authorization is approved, the authorization number needed to file your authorization will be available.' At the bottom, there are buttons for 'Create New authorization for' with options 'Same Member' and 'New Member'.

Create Authorization-Reference Number

Note: After submitting your request, a reference number is generated. **The reference number is not the same as the authorization number. It is a confirmation of a successful transaction via the web.** The request is now under review by the health plan medical management department. It can take up to fourteen (14) days but the progress of the requests can be viewed in the portal within 1 to 2 days of submission.

Successfully submitted authorization requests will produce the following information:

- Time stamped submission notice (i.e., 2011-04-29 14:58:10.848)
- Confirmation of successful submission
- Option to print confirmation notice
- Confirmation of service type requested
- Web Reference Number (also referred to as Web Control #)
- Status report
- Review reason

Create New Authorization

Same Member

- Select **Same Member** button to submit a new authorization for this member.

New Member

- Select **New Member** button to submit a new authorization for a different member.

Search Saved Authorizations

Administration
Registration Admin
My Account
Eligibility
Authorization
Create Authorization
Search Saved
Check Auth Status
Claims
Online forms
Reports
Contact Us

Registration Admin

Create New User

Status:
NPI:
Last Name:
Search

User List
Download To Excel

User Id	First Name	Last Name	Account Status	NPI	Tax ID	Physician or Clinic Group Practice Name
ga_provider_test53	Greg	Tester53	NEW		581279850	Greg Group
ga_provider_test52	Greg	Test	EMAIL_VERIFICATION		581279850	Greg Group
ga_member_jam1000	Jerome	Mullner	REPCREATED	1073570305	581279850	
ga_provider_test02	FName	LName	NEW		581279850	Test Group
bigshot	test	person	EMAIL_VERIFICATION		581279850	
ga_provider_test01	FName	LName	APPROVED		581279850	
ga_user_p53	Greg	Tester	APPROVED		581279850	Greg Group
hpmga_ecao_jam1000	J	Mullner	APPROVED	1073570305	581279850	
ga_user_p52	Greg	Tester	APPROVED		581279850	Test Group
ga_provider_test1	ryan	lindbeck	NEW		581279850	

207 items found, displaying 1 to 10.
Page 1/21
1,2,3,4,5,6,7,8
Next
Last

Search Saved Authorizations

- From the Navigation menu, select **Authorization, Search Saved**.

Welcome, FName LNameOne | [Log Out](#)

Administration ▼ My Account ▼ Eligibility ▼ Health Record Authorization ▼ Claims ▼ Online Forms ▼ Reports ▼ Contact Us

Search Saved

Create Status: Submitted ▼

Medicaid ID: 1231879552

Web Reference Number: 1986501

Member Name	Medicaid ID	Submission Date	Web Reference Number
L49288225, F05001861	1231879552	07/26/2011	1986501

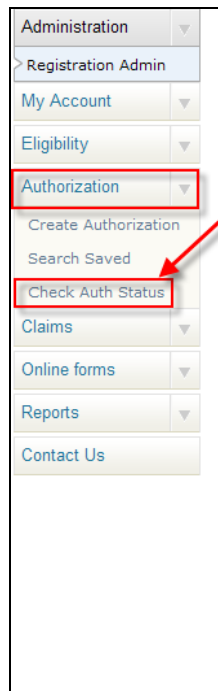
One item found. Page 1/1 1

Search Saved Criteria

Note: Create Status defaults to Submitted. You can change Create Status search options by selecting the drop down menu for this field. The Create Status field can be Submitted, Complete or Incomplete.

- Enter the appropriate search criteria (i.e., Create Status, Medicaid ID, and Web Reference #).
- Select **Search** button.
- The Search Results provide the Member Name(s), Medicaid ID, Submission Date and Web Reference #(s) applicable to the Saved Search performed.
- Click on the **Member Name** to access the complete, incomplete, submitted authorization request.

Check Auth Status



Check Auth Status

- From the Navigation menu select **Authorization, Check Auth Status**.

Check Auth Status

Welcome, FName LNameOne | [Log Out](#)

Administration ▼ My Account ▼ Eligibility ▼ Health Record Authorization ▼ Claims ▼ Online Forms ▼ Reports ▼ Contact Us

Check Auth Status

Web Reference Number:

Note: If Status column in results shows ERROR, Please contact Health Plan at TTY/TDD 1-877-725-7753.

No authorizations found

Web Reference Number Search

- Enter the **Web Control #/ Web Reference #**.
- Select **Search** button.

Welcome, FName LNameOne | [Log Out](#)

Administration ▼ My Account ▼ Eligibility ▼ Health Record Authorization ▼ Claims ▼ Online Forms ▼ Reports ▼ Contact Us

Check Auth Status

Web Reference Number:

Note: If Status column in results shows ERROR, Please contact Health Plan at TTY/TDD 1-877-725-7753.

Web Reference Number	Member Name	Svc Provider/Facility	Auth#	Req.Svc.Date	Service Type	Submission Date	Status
1986501	L49288225, F05001861	FORREST COUNTY GENERAL HOSPITAL		2011-07-26 00:00:00.0	Hospice	2011-07-26 14:15:51.0	ERROR

One item found. Page 1/1 1

Web Reference Number Search Results

- Select the **Web Reference #** to check Authorization Status.

Example for Approved Authorization (functionality)

Authorization Details

Authorization number: **Authorization #: XR1091**

Units approved: 1

Comments: 07/24/2007 10:49 AM: this is a test note to elaborate..... approved.

Auth. Information:

Status:	Approved	Start Date:	08/02/2007	Units Auth.:	1
Decision Date:	07/24/2007	End Date:	08/02/2007	Subm. Date:	07/24/2007

Member Information:

Name:	[REDACTED]	Date of Birth:	04/13/1974	Eff. Date:	10/01/2002
PCP:	[REDACTED]	Member ID:	[REDACTED]	Term Date:	12/31/2050

Diagnosis Information:

Principal Dx.Code: 482.49
Principal Dx.Desc: staph pneumonia
nec

Service Information:

Service Type: Diagnostic Test/Imaging

Principal Proc.Code: 43116
Principal Proc.Desc: partial removal of
esophagus

Service Detail Information:

Provider Information:

Ref. Provider:	[REDACTED]	Address:	[REDACTED]	Phone #:	[REDACTED]
Specialty:	PATHOLOGY	Participating:	N		
Svc. Provider:	[REDACTED]	Address:	[REDACTED]	Phone #:	[REDACTED]
Specialty:	INDEPENDENT LABORATORY	Participating:	N		

Please note: Member eligibility and authorization of services are conditions of reimbursement,
not a guarantee of payment.

Example of Denied Authorization (functionality)

Authorization Details			
Reference #: 80000500010000001			 
 After review of the submitted clinical information, your request is not authorized at this time.			
Comments:			
Auth. Information:			
Status:	Not Authorized	Req. Date of Service:	03/30/2009
Decision Date:	03/20/2009	Subm. Date:	03/20/2009
Member Information:			
Name:		Date of Birth:	12/29/1997
PCP:		Member ID:	
		Eff. Date:	03/01/2008
		Term Date:	12/31/2050
Diagnosis Information:			
Principal Dx.Code:	474.02		
Principal Dx.Desc:	chronic tonsils&adenoids		
Service Information:			
Service Type:	Medical		
Principal Proc.Code:	99499		
Principal Proc.Desc:	unlis e/m svc		
Service Detail Information:			
Provider Information:			
Adm. Provider:		Address:	
		Phone #:	
Specialty:	PEDIATRICS	Participating:	Y
Facility:		Address:	
		Phone #:	
Specialty:		Participating:	Y
Please note: Member eligibility and authorization of services are conditions of reimbursement, not a guarantee of payment.			

Create Professional Claim

The **Create Professional Claim** process allows you to create and submit a professional Medicaid claim online.

The screenshot shows the 'Registration Admin' interface. On the left is a navigation menu with the following items: Administration, Registration Admin, My Account, Eligibility, Authorization, Claims, Check Claim Status, View Web Claims, Create Professional Claim (highlighted with a red box and an arrow), Create Institutional Claim, Batch Claims Submission, Payment History, Payment History Downloads, Claim Auditing Tool, Online forms, Reports, and Contact Us. The main content area has a blue header 'Registration Admin' and a green button 'Create New User'. Below this is a search section with fields for Status, NPI, and Last Name, and a Search button. A 'User List' table is displayed with columns: User Id, First Name, Last Name, Account Status, NPI, Tax ID, and Physician or Clinic Group Practice Name. The table contains 10 rows of user data. At the bottom of the table, it says '207 items found, displaying 1 to 10.' and 'Page 1/21' with navigation links.

User Id	First Name	Last Name	Account Status	NPI	Tax ID	Physician or Clinic Group Practice Name
ga_provider_test53	Greg	Tester53	NEW		581279850	Greg Group
ga_provider_test52	Greg	Test	EMAIL_VERIFICATION		581279850	Greg Group
ga_member_jam1000	Jerome	Mullner	REPCREATED	1073570305	581279850	
ga_provider_test02	FName	LName	NEW		581279850	Test Group
bigshot	test	person	EMAIL_VERIFICATION		581279850	
ga_provider_test01	FName	LName	APPROVED		581279850	
ga_user_p53	Greg	Tester	APPROVED		581279850	Greg Group
hpmga_ecao_jam1000	J	Mullner	APPROVED	1073570305	581279850	
ga_user_p52	Greg	Tester	APPROVED		581279850	Test Group
ga_provider_test1	ryan	lindbeck	NEW		581279850	

Create Professional Claim

- From the Navigation menu, select **Claims, Create Professional Claim**.

Create Professional Claim – Select Member

Provider Secure Portal

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Create Professional Claim

Step 1 of 5: Select Member

☒ I verify that I am submitting a new Professional claim and not adjusting a previously submitted claim or entering information for reconsideration of a previously submitted claim.

Enter Member information then click the "Continue" button.

* = Required

Member Information

Medicaid ID: *

Create Prof Claim-Select Member

- In order to select a member, you have to click the **check box** to verify you are submitting a new Professional claim. Once this box is checked, the Member's ID field and Continue button are activated.
- Enter the Member's **Medicaid ID**.
- Click the **Continue** button.



You will only be able to submit online claims for members who have current coverage with the State's health plan. You can verify member eligibility by utilizing the **Eligibility Search** option located under the **Eligibility** menu item.

Create Professional Claim - Enter Patient Details

Provider Secure Portal

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My Account ▾ Eligibility ▾ Health Record Authorization ▾ Claims ▾ Online Forms ▾ Reports ▾ Contact Us

Create Professional Claim

Step 2 of 5: Enter Patient Details

Name: L49288225, F05001861	Date of Birth: 08/01/2010	Medicaid ID: 1231879552
-----------------------------------	----------------------------------	--------------------------------

Enter Patient information then click the "Next Step" button.

*** = Required**

Patient's Account Number:

Amount Paid:

Patient Status

☐ Single ☒ Married ☐ Other

☒ Employed

☐ Full-Time Student ☐ Part-Time Student

Patient's condition related to...

☐ Employment

☐ Auto Accident **Location of Accident**

☒ Other Accident

Create Prof Claim-Enter Patient Details

- Enter **Patient's Account Number** (required).
- Enter any optional information that would apply in the **Patient Status** and **Patient's condition related to...** sections.
- Click the **Next Step** button.



Your work will be saved *automatically* each time you click the **Next Step** button or press **Enter** on the keyboard to continue to the next step. In addition, you may click the **Save Draft** button at any time to save your work. Saved claims will be moved to the View Claims, Unsubmitted Claims list (see below). Click **Save Draft & Start New Claim** to save your work and return to Step 1 to begin another claim.

While in the **Create Professional Claim** process, the Member's Name, Member ID and Date of Birth (DOB) are displayed at the top of each page. Instructions and error messages are displayed just below this area.

Create Professional Claim - Enter Diagnosis and Service Details

Provider Secure Portal

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Create Professional Claim

Step 3 of 5: Enter Diagnosis and Service Details

Name:	L49288225, F05001861	Date of Birth:	08/01/2010	Medicaid ID:	1231879552
--------------	----------------------	-----------------------	------------	---------------------	------------

Enter physician or supplier information, then click the 'Next Step' button.

*** = Required**

Date of current illness, injury or pregnancy: (MM/DD/YYYY)

Date of similar illness:

Dates of patient unable to work in current occupation: to:

Hospitalization dates related to current services: to:

Outside lab charges(\$): (Ex: 225.95)

Prior Authorization number:

Diagnosis Codes

Hint: Enter Diagnosis Codes in any format(Ex: 100 or 100.1 or 1001). Check corresponding Diagnosis Pointer boxes below to assign diagnosis to Service Line(s).

Diagnosis Code 1 :*	789.00	ABDOMINAL PAIN, UNSPECIFIED SITE
Diagnosis Code 2 :		
Diagnosis Code 3 :		
Diagnosis Code 4 :		

Create Prof Claim-Enter Diagnosis and Service Details

- Enter any optional physician or supplier information (e.g., **Date of current illness or injury or pregnancy**, **Date of similar illness**, etc.)
- In the Diagnosis Codes section, enter **Diagnosis Code 1** (required). The diagnosis code may be in any of the following formats: 100 or 100.1 or 1001. A description of the diagnosis code will appear when you move the cursor from the field.
- Enter additional diagnosis codes in **Diagnosis Code 2**, **Diagnosis Code 3** and **Diagnosis Code 4** as needed.



Please remember to include decimal points in all monetary fields (e.g. Outside lab charges and Charges within the Service Line details).

Service Line #1 Delete this service Line

From Date**	To Date**	Place**	EMG	Procedure Code**	Modifier	Diagnosis Pointer**	Charges**	Days/Unit**	EPSDT	Fam Plan
05/10/2011	05/10/2011	11	☐	99213		1 2 3 4	100.00	1	☐	☐

[Show Member's Eligibility](#)

NDC billing requirements to be entered in the Supplemental Information text box below

Add Supplemental Information

[Add another Service Line](#)

Show Member's Eligibility Hyperlink

- To view the Member's Eligibility spans, click **Show Member's Eligibility**. Hide Member's Eligibility hides the eligibility span information.
- In the Service Line #1 section, enter all of the required information.

Note: Use the **Diagnosis Pointer** checkboxes to associate the previously entered **Diagnosis Code 1, 2, 3 & 4** with the Service Line as needed.

Service Line #1 Delete this service Line

From Date**	To Date**	Place**	EMG	Procedure Code**	Modifier	Diagnosis Pointer**	Charges**	Days/Unit**	EPSDT	Fam Plan
05/10/2011	05/10/2011	11	☐	99213		1 2 3 4	100.00	1	☐	☐

Hide Member's Eligibility

Effective Date	Term Date	Plan
04/01/2011	12/31/9999	Magnolia Health Plan
08/01/2010	03/31/2011	Magnolia Health Plan

NDC billing requirements to be entered in the Supplemental Information text box below

[Add Supplemental Information](#)

[Add another Service Line](#)

Add Supplemental Information Hyperlink

- To add notes to the Service Line, click **Add Supplemental Information**. Enter up to 60 characters. You may then hide the notes by clicking Hide Supplemental Information. Hiding the notes will not delete them.

Service Line #1

[Delete this service Line](#)

From Date*	To Date*	Place*	EMG	Procedure Code*	Modifier	Diagnosis Pointer*	Charges*	Days/Unit*	EPSDT	Fam Plan
05/10/2011	05/10/2011	11	☐	99213		1 2 3 4	100.00	1	☐	☐

Show Member's Eligibility

NDC billing requirements to be entered in the Supplemental Information text box below

Add Supplemental Information

Service Line #2

[Delete this service Line](#)

From Date*	To Date*	Place*	EMG	Procedure Code*	Modifier	Diagnosis Pointer*	Charges*	Days/Unit*	EPSDT	Fam Plan
			☐			1 2 3 4			☐	☐

Show Member's Eligibility

NDC billing requirements to be entered in the Supplemental Information text box below

Add Supplemental Information

Add another Service Line

Previous Step

Save Draft

Save Draft & Start New Claim

Next Step

Add another Service Line Hyperlink

- To add another Service Line, click **Add another Service Line**. A new, blank **Service Line** section will appear. Enter all required information. The claim may include a total of six Service Lines.

Create Professional Claim - Enter Diagnosis and Service Details

Provider Secure Portal

Welcome, FName LNameOne | [Log Out](#)

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Create Professional Claim

Step 3 of 5: Enter Diagnosis and Service Details

Name: L49288225, F05001861 **Date of Birth:** 08/01/2010 **Medicaid ID:** 1231879552

Enter physician or supplier information, then click the 'Next Step' button.

*** = Required**

Date of current illness, injury or pregnancy:

05/10/2011 (MM/DD/YYYY)

Date of similar illness:

Dates of patient unable to work in current occupation:

to:

Hospitalization dates related to current services:

to:

Outside lab charges(\$):

(Ex: 225.95)

Prior Authorization number:

Diagnosis Codes

Hint: Enter Diagnosis Codes in any format(Ex: 100 or 100.1 or 1001). Check corresponding Diagnosis Pointer boxes below to assign diagnosis to Service Line(s).

Diagnosis Code 1 : *

789.00

"ABDOMINAL PAIN, UNSPECIFIED SITE"

Diagnosis Code 2 :

Diagnosis Code 3 :

Diagnosis Code 4 :

Service Line #1

Delete this service Line

From Date*	To Date*	Place*	EMG	Procedure Code*	Modifier	Diagnosis Pointer*	Charges*	Days/Unit*	EPSDT	Fam Plan
05/10/2011	05/10/2011	11	☐	99213		1 2 3 4 ☒ ☐ ☐ ☐	100.00	1	☐	☐

Show Member's Eligibility

NDC billing requirements to be entered in the Supplemental Information text box below

Add Supplemental Information

Add another Service Line

Previous Step

Save Draft

Save Draft & Start New Claim

Next Step

Enter Diagnosis and Service Details

- When you are finished completing all required fields, click **Next Step**.

Create Professional Claim - Enter Provider Details

Provider Secure Portal

Welcome, Greg Tester | Log Out

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Create Professional Claim

Step 4 of 5: Enter Provider Details

Name: L49288225, F05001861

Date of Birth: 08/01/2010

Medicaid ID: 1231879552

* = Required

Referring Provider

Please enter a minimum of 3 characters in "Last Name" to search providers

Last Name:

DAVE

First Name:

NINABAHEN

Tax ID:

208512947

NPI:

1669665881

Taxonomy:

Rendering Provider

NPI: *

1669484515

Taxonomy:

Name	Tax ID	NPI	Medicaid ID	
REESE LINDSEY	640911702	1669484515	00125782	remove

Billing Provider

Same as Rendering Provider

Name: *

Ninabahren Dave

Tax ID: *

208512947

NPI: *

1669665881

Taxonomy:

Street Address: *

1212 North 21th Street

City: *

Jackson

State: *

Mississippi ▾

Zip Code: *

45454

Service Facility Location

Same as Billing Provider

Name:

Ninabahren Dave

Tax ID:

208512947

NPI:

1669665881

Taxonomy:

Street Address:

1212 North 21th Street

City:

Jackson

State:

Mississippi ▾

Zip Code:

45454

Previous Step

Save Draft

Save Draft & Start New Claim

Next Step

Enter Provider Details

- In the **Referring Provider** section, enter information as needed.

- In the **Rendering Provider** section, enter the required **NPI** number and select the **Provider** from the drop-down list.

- In the **Billing Provider** section, enter required information.

- In the **Service Facility Location** section, enter information as needed. Click **Same as Billing Provider** to automatically copy the billing provider information into the service facility fields.

- Click the **Next Step** button.

Create Professional Claim - Review

Provider Secure Portal

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Create Professional Claim

Step 5 of 5: Review

Name:	L49288225, F05001861	Date of Birth:	08/01/2010	Medicaid ID:	1231879552
--------------	----------------------	-----------------------	------------	---------------------	------------

Review Claim Information, then click "Submit" to finish.

Member [Edit](#)

Patient's Account Number	1212121
Claim Amount Paid	350.00
Address	123 MAIN, JACKSON, MS, 39208
Status	Married
Condition Related to	Other Accident

Service [Edit](#)

Date of current illness, injury or pregnancy	04/16/2011
Date of similar illness	None
Dates of patient unable to work in current occupation	None
Hospitalization dates related to current services	None
Outside lab charges	None
Prior Authorization number	154789787

Service Line # 1

Date of Service	05/10/2011 - 05/10/2011
Place	11
EMG	No
Procedure Code	99213
Modifier(s)	
Diagnosis Code(s)	789.00
Charges	100.00
Days/Unit	1
EPSDT	None
Family Planning	None
Supplemental Information	None

Providers [Edit](#)

Referring Provider

Name	Dave, Ninabahren
Tax ID	208512947
NPI	1669665881
Taxonomy	None

Rendering Provider

Name	LINDSEY, REESE
NPI	1669484515
Taxonomy	None

Billing Provider

Name	Ninabahren Dave
Tax ID	208512947
NPI	1669665881
Taxonomy	None
Address	1212 North 21st Street

Service Facility Location

Name	Ninabahren Dave
Tax ID	208512947
NPI	1669665881
Taxonomy	None
Address	1212 North 21st Street

[Previous Step](#) | [Save Draft & Start New Claim](#) | [Submit](#)

Create Prof Claim-Review

This Review Screen displays all of the information entered during the previous steps. Review it to ensure that all information is correct.

- If information is incorrect, click the **Edit** hyperlink to change the information within a section.

For example, to change a Diagnosis Code, click **Edit** in the **Service** section. The Step 3 page displays. When finished modifying information, click the **Next Step** button or press **Enter** on the keyboard to continue to the next step. Continue to click **Next Step** on each step until returning to **Step 5 of 5**.

- Click **Save & Start a New Claim** to save the claim and begin a new claim with the **Step 1 of 5 page**. The saved claim will be available in the Claims Ready to Be Submitted list (see Unsubmitted Claims in the View Web Claims section below).
- If all information is correct, click **Submit** and the claim will be transmitted. A Claim Submitted confirmation displays.

Provider Secure Portal

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Create Professional Claim

Claim Submitted Successfully

Thank you for submitting claim via the web. We have received your transmission and will process your claim in a timely manner.

Web Reference Number for this claim submission is **1991373**

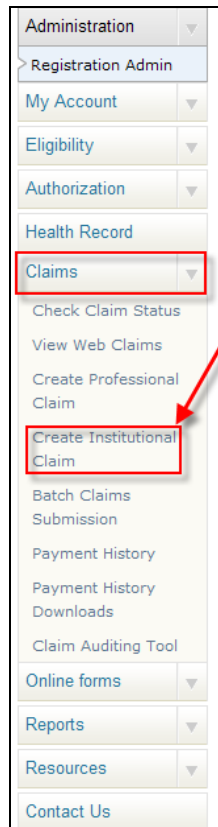
[Start New Claim](#)

Create Prof Claim-Successful Submission

- Take note of the **Web Reference Number**, which may be used to identify the claim while using the View Web Claim feature. The Web Reference Number may also be useful in discussing a claim with your Provider Relations Representative.
- Click the **Start New Claim** hyperlink if you have other claims to submit.

Create Institutional Claim

The **Create Institutional Claim** process allows you to create and submit an institutional Medicaid claim online.



Navigation Menu

- From the Navigation menu select **Claims, Create Institutional Claim**.

Create Institutional Claim - Select a Member

Provider Secure Portal

Welcome, FName LNameThree | [Log Out](#)

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Create Institutional Claim

Step 1 of 6: Select Member

☒ I verify that I am submitting a new Institutional claim and not adjusting a previously submitted claim or entering information for reconsideration of a previously submitted claim.

Enter Member information then click the "Continue" button.

* = Required

Member Information

Medicaid ID: *

Create Institutional Claim-Select Member

- In order to select a member, you have to click the **check box** to verify you are submitting a new Institutional claim. Once this box is checked, the Members ID field will be activated.
- Enter the **Member's Medicaid ID**.
- Click the **Continue** button.



You will only be able to submit online claims for members who have current coverage with the State's plan. You can verify member eligibility by utilizing the **Eligibility Search** option located under the **Eligibility** menu item.

Create Institutional Claim - Enter Patient Details

Provider Secure Portal

Welcome, TestFName TestLName | [Log Out](#)

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Create Institutional Claim

Step 2 of 6: Enter Patient Details

Name:	HOSELTON, SARA L	Date of Birth:	01/10/1984	Medicaid ID:	111526515739
-------	------------------	----------------	------------	--------------	--------------

Enter Patient information then click the "Next Step" button.

*** = Required**

Patient Details

Patient Control #:	12121
Medical Record #:	
Type of Bill:	111
Statement Covers Period From:	05/10/2011
To:	07/15/2011
Prior Payments:	

Admission and Discharge Information

Admission Date:	06/01/2011
Admission Hour:	5 PM
Admission Type:	3 - Elective
Admission Source:	1 - Physician Referral (or Newborn Normal Delivery)
Discharge Hour:	12 PM
Discharge Status:	01 - Discharged to home or self-care.

Create Institutional Claim-Enter Patient Details

Patient Details Section:

- Enter **Patient Control Number** (required).
- Enter **Medical Record #** (optional).
- Select **Type of Bill** from the drop down menu (required). Once the type of bill information is selected, the Admission and Discharge Information section appears on the screen.
- Enter **Statement Covers Period From** and **To** (required).

Admission and Discharge Information Section:

- Enter **Admission Date** (required).
- Enter **Admission Hour** from the drop down menu (required).
- Select **Admission Type** from the drop down menu (required).
- Select **Admission Source** from drop down menu (required).
- Select **Discharge Hour** from drop down menu (required).
- Select **Discharge Status** from drop down menu (required).
- Click **Next Step** to continue, or you can click Save Draft & Start New Claim, or Save Draft.

Tip



Your work will be saved *automatically* each time you click the **Next Step** button to continue to the next step. In addition, you may click the **Save Draft** link at any time to save your work. Saved claims will be moved to the View Claims, Unsubmitted Claims list. Click **Save Draft & Start New Claim** to save your work and return to **Step 1** to begin another claim. Click **Previous Step** button to go back to the previous screen.

While in the **Create Institutional Claim** process, the Member's Name, Member ID and Date of Birth (DOB) are displayed at the top of each page. Instructions are displayed just below this area.

Create Institutional Claim - Enter Billing Information

Provider Secure Portal

Welcome, TestFName TestLName | [Log Out](#)

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Create Institutional Claim

Step 3 of 6: Enter Billing Information

Name:	Date of Birth:	Medicaid ID:
-------	----------------	--------------

Enter Provider information then click the "Next Step" button.

* = Required

Billing Provider Information

Select Billing Provider by searching for NPI:

Taxonomy Code:

Selected Billing Provider:
NPI: 1376748160
Name: SHRINERS HOSPI TALS FOR CHILD
Medicaid ID: 003106616A
[Clear Selected Provider](#)

Pay-To Provider Information

[Same as Billing Provider](#)

NPI: *	1376748160
Taxonomy Code: *	121212112
Pay-To Name: *	SHRINERS HOSPI TALS
IRS / Tax ID Number: *	362193608
Address: *	12502 USF PINE DR
City: *	TAMPA
State: *	Florida
Zip Code: *	33612

Additional Provider Information

Attending Provider		Operating Provider	
NPI:		NPI:	
Taxonomy Code:		Taxonomy Code:	
First Name:		First Name:	
Last Name:		Last Name:	
IRS / Tax ID Number:		IRS / Tax ID Number:	

[Add Other Providers](#)

Create Institutional Claim-Enter Billing Information

- Enter **NPI** of the Billing Provider, and then select the Billing Provider Information from the box that appears (required).
- Enter the **Taxonomy Code** (optional).



If the displayed Billing Provider information is incorrect, click **Clear Selected Provider** link. Then enter the correct NPI of the Billing Provider.



Click the **Same as Billing Provider** link, billing provider information will be populated to the **Pay-To-Provider Information** section.

- Enter data into the **Pay-To-Provider Information** section if it is different from the Billing Provider. Be sure to populate all required fields.
- Enter **Attending Provider** or **Operating Provider** information (e.g., **NPI**, **Taxonomy Code**, etc.) These are optional fields.
- Click the **Next Step** button. You arrive at the **Enter Claim Codes** screen.

Create Institutional Claim - Enter Claim Codes

Name:	Date of Birth:	Medicaid ID:
Enter Code information then click the "Next Step" button.		
* = Required		
Diagnosis Codes		
Use valid ICD-9 codes only.		
Admitting Diagnosis Code:*	789.00	ABDOMINAL PAIN, UNSPECIFIED SITE
Principle Diagnosis Code:*	789.00	
Code	Description	
Additional Diagnosis Code:		
Add	I'm done adding Diagnosis Codes	
Occurrence Codes		

Create Institutional Claim-Enter Claim Codes

- Enter the **Admitting** and **Principal Diagnosis Codes** (required).



Once Diagnosis Codes have been entered, its associated diagnosis descriptions will be displayed next to the Diagnosis Codes.

- When you have completed adding **Diagnosis Codes**, click the link titled **I'm done adding Diagnosis Codes**.

Provider Secure Portal

Welcome, TestName TestName | [Log Out](#)

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[Create Institutional Claim](#)

Step 4 of 6 : Enter Claim Codes

Name:
Date of Birth:
Medicaid ID:

Enter Code information then click the "Next Step" button.

* = Required

Diagnosis Codes

Use valid ICD-9 codes only.

Principle Diagnosis Code: 789.00

[Add Additional Diagnosis Codes](#)

Occurrence Codes

[Add Additional Span Codes](#)

[Add Additional Occurrence Codes](#)

Patient Reason for Visit

[Add Additional Visit Codes](#)

Condition Codes

[Add Additional Condition Codes](#)

Value Codes

[Add Additional Value Codes](#)

Procedure Codes

Principle Procedure Code:

Date:

[Add Additional Other Procedure Codes](#)

PPS Code/DRG

PPS Code/DRG:

External Cause Code

Cause Code:

Treatment Authorization

Prior Authorization Number:

Auto Accident Information

State in which automobile accident occurred: N/A ▼

[Previous Step](#)
[Save Draft & Start New Claim](#)
[Save Draft](#)
[Next Step](#)

Create Institutional Claim-Enter Claim Codes Screen

Occurrence Codes

[Add Additional Span Codes](#)

[Add Additional Occurrence Codes](#)

Enter Occurrence Codes Section

- Click the link marked **Add Additional Span Codes** to enter data for this section (optional).

Occurrence Codes

Code	Description	From Date	To Date
Span Code:			
From Date: 			
Through Date: 			
Add I'm done adding Span Codes			

[Add Additional Occurrence Codes](#)

Enter Additional Span Codes Section

- Enter the **Span Code**, **From Date**, and **Through Date**.
- Click the link marked **Add Additional Occurrence Codes** to enter data for this section (optional).

Code	Description	Date
Occurrence Code:		
Date: 		
Add I'm done adding Occurrence Codes		

Enter Additional Occurrence Codes Section

- Enter the **Occurrence Code**, and **Date**.
- When you have completed adding **Occurrence Codes**, click the link marked **I'm done adding Occurrence Codes**.

Patient Reason for Visit Add Additional Visit Codes

Enter Additional Visit Codes Section

- Click the link marked **Add Additional Visit Codes**. (optional)

Patient Reason for Visit <table border="1"> <tr> <td>Code</td> <td>Description</td> </tr> <tr> <td colspan="2"> Visit Code: </td> </tr> <tr> <td> Add </td> <td> I'm done adding Visit Codes </td> </tr> </table>	Code	Description	Visit Code:		Add	I'm done adding Visit Codes
Code	Description					
Visit Code:						
Add	I'm done adding Visit Codes					

Enter Visit Code Section

- Enter the **Visit Code**.
- When you have completed adding **Visit Code**, click the link marked **I'm done adding Visit Codes**.

Condition Codes Add Additional Condition Codes
--

Enter Additional Condition Codes Section

- Click the link marked **Add Additional Condition Codes** to enter data for this section. (optional)

Condition Codes <table border="1"> <tr> <td>Code</td> <td>Description</td> </tr> <tr> <td colspan="2"> Condition Code: </td> </tr> <tr> <td> Add </td> <td> I'm done adding Condition Codes </td> </tr> </table>	Code	Description	Condition Code:		Add	I'm done adding Condition Codes
Code	Description					
Condition Code:						
Add	I'm done adding Condition Codes					

Enter Condition Code Section

- Enter **Condition Code**.
- When you have completed adding **Condition Codes**, click the link marked **I'm done adding Condition Codes**.

Value Codes		
Code	Description	Amount
Value Code:		
Amount:		
Add I'm done adding Value Codes		

Enter Value Codes Section

- Enter the **Value Code** and **Amount**.
- When you have completed adding the **Value Codes**, click the link marked **I'm done adding Value Codes**.

Procedure Codes	
Principle Procedure Code:	
Date:	

Enter Procedure Codes Section

- Enter the **Principle Procedure Code** and **Date**.
- When you have completed adding **Principle Procedure Codes**, click the link marked **I'm done adding Procedure Codes**.

Code	Description	Date
Other Procedure Codes:		
Date: 		
Add I'm done adding Other Procedure Codes		

Enter Other Procedure Codes Section

- Enter the **Other Procedure Codes** and **Date**.
- When you have completed adding **Other Procedure Codes**, click the link marked **I'm done adding Other Procedure Codes**.

PPS Code/DRG

PPS Code/DRG:

External Cause Code

Cause Code:

Treatment Authorization

Prior Authorization Number:

Auto Accident Information

State in which automobile accident occurred:

[Save Draft & Start New Claim](#)

Enter Remaining Options

- Enter the fields listed above (optional).
- When you have completed adding the optional fields, click the **Next Step** button. It will take you to the **Enter Service Details** screen.

Create Institutional Claim - Enter Service Details

Provider Secure Portal

Welcome, TestFName TestLName | [Log Out](#)

[Administration](#) ▾ | [My Account](#) ▾ | [Eligibility](#) ▾ | [Authorization](#) ▾ | [Claims](#) ▾ | [Online Forms](#) ▾ | [Reports](#) ▾ | [Contact Us](#)

Create Institutional Claim

Step 5 of 6: Enter Service Details

Name:
Date of Birth:
Medicaid ID:

Enter Service Line information then click the "Next Step" button.

* = Required

Revenue Codes and Charges

Revenue Code	Description	HCPCS/Rate/HIPPS Code	NDC Code	Modifier (s)	Service Date	Service Units	Charge Amount	Non-Covered Charges
	Total Charges						\$0	\$0

Revenue Code:*
 MED-SUR-GY/PVT /INCISION OF CORNEA

HCPCS/Rate/HIPPS Code:

NDC Code:
 (Claim submission may be denied if NDC billing requirements are not met and/or missing)

Modifier(s):

Service Date:*

Service Units:*

Charge Amount:*

Non-Covered Charges:

I'm done adding Revenue Codes and Charges

Create Institutional Claim - Enter Service Details

- Enter the **Revenue Code**, **Service Date**, **Service Units**, and **Charge Amount** (required).
- Enter **HCPCS/Rate/HIPPS Code** and **Non-Covered Charges** (optional).
- Click **Add** button to add **Revenue Codes and Charges**.



Once you click the **Add** button, the **Revenue Code** will be validated.

Revenue Codes and Charges

Revenue Code	Description	HCPSC/Rate/HIPPS Code	NDC Code	Modifier (s)	Service Date	Service Units	Charge Amount	Non-Covered Charges	
111	MED-SUR-GY/PVT /INCISION OF CORNEA				06/01/2011	1	\$100.00	\$0.00	Remove Edit
	Total Charges						\$100.00	\$0.00	

Revenue Code:*
HCPSC/Rate/HIPPS Code:
NDC Code: (Claim submission may be denied if NDC billing requirements are not met and/or missing)
Modifier(s):
Service Date:* 
Service Units:*
Charge Amount:*
Non-Covered Charges:

Add
I'm done adding Revenue Codes and Charges

Previous Step
Save Draft & Start New Claim
Save Draft
Next Step

Revenue Codes and Charges

- When you have completed adding Other **Revenue Codes** and **Charges**, click the link marked **I'm done adding Revenue Codes and Charges**.

Administration ▼
My Account ▼
Eligibility ▼
Authorization ▼
Claims ▼
Online Forms ▼
Reports ▼
Contact Us

Create Institutional Claim

Step 5 of 6: Enter Service Details

Name:
Date of Birth:
Medicaid ID:

Enter Service Line information then click the "Next Step" button.

* = Required

Revenue Codes and Charges

Revenue Code	Description	HCPCS/Rate/HIPPS Code	NDC Code	Modifier (s)	Service Date	Service Units	Charge Amount	Non-Covered Charges	
111	MED-SUR-GY/PVT /INCISION OF CORNEA				06/01/2011	1	\$100.00	\$0.00	Remove Edit
Total Charges							\$100.00	\$0.00	

Add Revenue Codes and Charges

Previous Step
Save Draft & Start New Claim
Save Draft
Next Step

Added Revenue Codes and Charge

- When you have completed adding **Revenue Codes** and **Charges**, click **Next Step**. It will take you to **Review Claim and Submit** screen.

Create Institutional Claim - Review Claim and Submit

Provider Secure Portal

Welcome, TestFName TestLName | [Log Out](#)

[Administration](#) ▾ | [My Account](#) ▾ | [Eligibility](#) ▾ | [Authorization](#) ▾ | [Claims](#) ▾ | [Online Forms](#) ▾ | [Reports](#) ▾ | [Contact Us](#)

[Create Institutional Claim](#)

Step 6 of 6: Review Claim and Submit

Review the Claim created, and click the "Submit Claim" button to submit the claim request.

Patient Information [Edit](#)

Patient Information

Medicaid ID

Patient Name

Patient Date of Birth

Medical Record #

Patient Control # 121212121

Bill Information

Type of Bill 111

Statement Covers 05/10/2011 to 07/10/2011

Admission and Discharge Information

Admission Date 06/10/2011

Admission Hour 17

Admission Type 3

Admission Source 1

Discharge Hour 11

Discharge Status 01

Provider Information [Edit](#)

Billing Provider Information

Billing Provider NPI 1376748160

Taxonomy Code

Billing Provider SHRINERS HOSPI TALS FOR CHILD

Address 12502 USF PINE DR
TAMPA, FL, 33612

Pay-To Provider Information

NPI 1376748160

Taxonomy Code 121212112

Pay-To Name SHRINERS HOSPI TALS FOR CHILD

Address 12502 USF PINE DR
TAMPA, FL, 33612

Additional Provider Information

NPI 1376748160

Taxonomy Code 1212121221

Attending Provider Name William Brown

IRS / Tax ID Number 362193608

Operating Provider Information

NPI

Taxonomy Code

Operating Provider Name

IRS / Tax ID Number

Other Provider Information

Codes [Edit](#)

Diagnosis Codes

Admitting Diagnosis Code 789.00

Principle Diagnosis Code 789.00

Occurrence Codes

Patient Reason for Visit

Condition Codes

Value Codes

Procedure Codes

Principle Procedure Code/Date

PPS Code/DRG

PPS Code/DRG

External Cause Code

Cause Code

Treatment Authorization

Prior Authorization Number

Auto Accident Information

State in which automobile accident occurred

Revenue Codes and Charges [Edit](#)

Revenue Code	Description	HCPCS/Rate/HIPPS Code	NDC Code	Modifier (s)	Service Date	Service Units	Non-Covered Charges	Charge Amount
111					06/01/2011	1	\$0.00	\$100.00
Total Charges							\$0.00	\$100.00

Previous Step

Save Draft & Start New Claim

Save Draft

Submit Claim

Review Claim and Submit

- Please review to ensure that all information is correct.
- If information is incorrect, click **Edit** to change the information within a section.

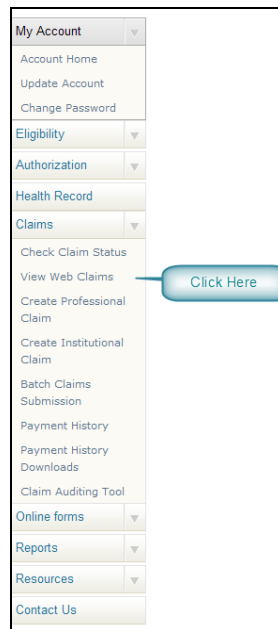
For example, to change a Diagnosis Code, click **Edit** in the **Codes** section. It will take you to the **Step 4 of 6 – Enter Claim Codes** screen. When you are finished modifying information, click the **Next Step** button to continue to the next step. Continue to click **Next Step** on each step until returning to **Step 6 of 6**.

The screenshot shows the 'Provider Secure Portal' interface. At the top, there is a header with the title 'Provider Secure Portal' and a user greeting 'Welcome, TestFName TestLName' with a 'Log Out' link. Below the header is a navigation bar with several menu items: 'Administration', 'My Account', 'Eligibility', 'Authorization', 'Claims', 'Online Forms', 'Reports', and 'Contact Us'. The main content area displays a confirmation message under the heading 'Create Institutional Claim'. The message reads: 'Thank you for submitting your claims via the web. We have received your transmission and will process your claims in a timely manner.' It also states: 'Your Web Reference Number for this submission is **1991435**'. At the bottom of the message, there is a link that says 'Start a New Claim'.

Web Reference Number

- If all information is correct, click **Submit Claim** and the claim will be transmitted. A Claim Submitted confirmation appears.

Copy Claim Function



Navigation Menu

- From the Navigation menu, select **Claims, View Web Claim**.

Rather than starting a new, blank claim, it may be easier to start with a copy of a previously submitted claim. This function is helpful when creating a new claim that varies only slightly from a previously submitted claim.

Provider Secure Portal

Welcome, Test Provider | [Log Out](#)

My Account ▾ Eligibility ▾ Authorization ▾ Health Record Claims ▾ Online Forms ▾ Reports ▾ Resources ▾ Contact Us

[View Web Claims](#)

Unsubmitted Claims

Submitted Claims

Incomplete Claims

Instructions: Claims listed below have missing information or contain errors. Click 'Edit' to view a claim, then fix any errors or complete it before submitting.

Date Created	Type	Member Name	Medicaid ID	Ref/Acct #	Original Claim #	Total Charges	
01/12/2011	CMS-1500	BRITTANY L BROCK	101077567299	101077567299		\$ 123.00	Edit Delete
12/29/2010	CMS-1500	BRITTANY L BROCK	101077567299	1		\$ 100.00	Edit Delete
12/23/2010	CMS-1500	AMY D ALBERTS	100004239899	100004239899		\$ 50.00	Edit Delete
12/22/2010	Institutional	BRAYDEN L VANHOOSIER	103587125899	MGR10089971501	J134INE07408	\$ 129.00	Edit Delete
12/17/2010	CMS-1500	BRITTANY L BROCK	101077567299	1		\$ 100.00	Edit Delete
12/15/2010	CMS-1500	BRITTANY L BROCK	101077567299	19		\$ 4.00	Edit Delete
12/06/2010	Institutional			123		\$ 0.00	Edit Delete
12/06/2010	Institutional					\$ 0.00	Edit Delete
12/06/2010	Institutional	HANK R ABBOTT	104419387699	1		\$ 0.00	Edit Delete
12/06/2010	Institutional	HANK R ABBOTT	104419387699	100		\$ 0.00	Edit Delete

48 items found, displaying 1 to 10. Page 1/5 1, 2, 3, 4, 5 [Next](#) [Last](#)

Claims Ready to be Submitted

Instructions: Claims listed below are complete and contain no errors. Click checkboxes to select claims, then click the 'Submit Selected Claim(s)' button.

Select All	Date Created	Member Name	Medicaid ID	Ref/Acct #	Original Claim #	Total Charges	
☐	12/21/2010	BRITTANY L BROCK	101077567299	1		\$ 134.11	Edit Copy Delete

One item found. Page 1/1 1

Submit Selected Professional Claim(s)

Select All	Date Created	Member Name	Medicaid ID	Ref/Acct #	Original Claim #	Total Charges	
☐	02/01/2011	BRITTANY L BROCK	101077567299	101077567299		\$ 33.33	Edit Copy Delete
☐	12/06/2010	CORDEL A SIMPSON	101915644599	123		\$ 100.00	Edit Copy Delete

2 items found, displaying all items. Page 1/1 1

Submit Selected Institutional Claim(s)

Copy Hyperlink

- Click the **Unsubmitted Claims** tab, the option to copy a claim that is ready to be submitted by clicking the **Copy** hyperlink.

View Web Claims

Provider Secure Portal

Welcome, Test Provider | [Log Out](#)

[My Account](#) ▾ [Eligibility](#) ▾ [Authorization](#) ▾ [Health Record](#) [Claims](#) ▾ [Online Forms](#) ▾ [Reports](#) ▾ [Resources](#) ▾ [Contact Us](#)

View Web Claims

[Unsubmitted Claims](#) [Submitted Claims](#)

[Display Search Criteria](#)

Date Submitted	Web/Ref #	Amisys Nbr	Claim Type	Name	Medicaid Nbr	Account Nbr	Original Claim #	Total Charges	Claim Status	
08/04/2011	1991463		CMS-1500	BRIDGET N SIMS	101384586099	MGR10105370401	K136INE01953	\$ 200.00	In Progress	
08/02/2011	1991293		Institutional	HANK R ABBOTT	104419387699	111		\$ 11.11	In Progress	Copy

2 items found, displaying all items. Page 1/1 1

Copy Hyperlink

- Click **Submitted Claims** tab, the option to copy a claim that has been previously Submitted by clicking the **Copy** hyperlink.

Provider Secure Portal

Welcome, Test Provider | [Log Out](#)

[My Account](#) ▼
 [Eligibility](#) ▼
 [Authorization](#) ▼
 [Health Record](#)
[Claims](#) ▼
 [Online Forms](#) ▼
 [Reports](#) ▼
 [Resources](#) ▼
 [Contact Us](#)

Create Professional Claim

Step 2 of 5: Enter Patient Details

Name: BROCK, BRITTANY L **Date of Birth:** 05/14/1990 **Medicaid ID:** 101077567299

Enter Patient information then click the "Next Step" button.

* = Required

Patient's Account Number:

Amount Paid:

Patient Status

☐ Single ☒ Married ☐ Other

☒ Employed

☒ Full-Time Student ☐ Part-Time Student

Patient's condition related to...

☒ Employment

☐ Auto Accident **Location of Accident**

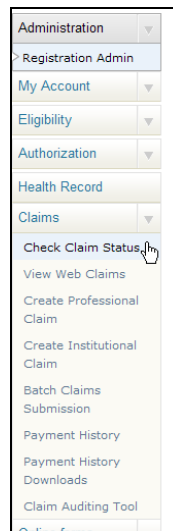
☐ Other Accident

Step 2: Enter Patient Details after Copy Selected

- The Copy link will take you directly to the Professional or Institutional Claim starting with Step 2 to create a new Claim with the copied information already populated.

Check Claim Status

The **Check Claim Status** feature allows you to check the status and to view detailed information of your submitted claims. The status can be checked on claims which have been submitted via the portal, clearinghouse, or paper. Claims submitted via the portal will indicate any front end rejections.



Navigation Menu

- From the Navigation menu, select **Claims, Check Claim Status**.

Check Claim Status Search

The **Check Claim Status** feature allows you to search for claims using a variety of different search criteria. You can search for claims within a specific three-month span based on the Date of Service (DOS). In addition, you can search for claims by certain member, claim and/or provider information.

Provider Secure Portal

Welcome, Ryan Blah | [Log Out](#)

[My Account](#) ▾ [Eligibility](#) ▾ [Authorization](#) ▾ [Claims](#) ▾ [Online Forms](#) ▾ [Contact Us](#)

Check Claim Status

To search, enter one or more of the following search criteria. The Date of Service range you provide is limited to a three-month span. Only the last 18 months of claims data is available online. Claims update every 24 hours.

*** = Required**

Date of Service

From:*

To:*

Member Information

Last Name:

First Name:

Medicaid ID:

Claim Information

Claim Status:

Claim Number:

Ref/Acct Number:

Provider Information

NPI:

Medicaid ID:

Check Claim Status Search

- Enter **Date of Service (DOS)** range.
- Enter at least one other Search Criteria (i.e. **Member Information**, **Claim Information**, and/or **Provider Information**).
- Click **Search** to access the Search Results.

Clear Form

- Click the **Clear Form** button to reset the Date of Service (DOS) range to the current date and two months prior and to clear any information entered in the Member Information, Claim Information and/or Provider Information sections.



Use the convenient calendar function  to set the Date of Service (DOS) fields.

Check Claim Status Results

The result of your search displays claims that meet your search criteria. You can sort results by clicking on any of the headers in this view.

Click headers to sort results below

Claim No.	Ref/Acct No.	Medicaid ID	Member Name	Servicing Provider	DOS Range	Receipt Date	Billed Amount	Payment Amount	Payment Date	Status
J156INE01151	26196V2310				06/02/2010 .. 06/02/2010	06/04/2010	\$268.00	\$19.25	06/07/2010	PAID
J156INE00669	26767V2310				06/01/2010 .. 06/01/2010	06/05/2010	\$80.00	\$36.75	06/07/2010	PAID
J156INE00704	26819V2310				06/01/2010 .. 06/01/2010	06/05/2010	\$159.00	\$70.94	06/07/2010	PAID
J156INE00997	26787V2310				06/01/2010 .. 06/01/2010	06/05/2010	\$80.00	\$36.75	06/07/2010	PAID
J156INE00671	26770V2310				06/01/2010 .. 06/01/2010	06/05/2010	\$80.00	\$36.75	06/07/2010	PAID
J156INE00686	26803V2310				06/01/2010 .. 06/01/2010	06/05/2010	\$157.00	\$83.84	06/07/2010	PAID
J156INE01006	26790V2310				06/01/2010 .. 06/01/2010	06/05/2010	\$267.00	\$127.36	06/07/2010	PAID
J156INE00670	26815V2310				06/01/2010 .. 06/01/2010	06/05/2010	\$142.00	\$71.30	06/07/2010	PAID
J159INE01389	27078V2310				06/01/2010 .. 06/01/2010	06/08/2010	\$80.00	\$36.75	06/10/2010	PAID
J160INE00239	27488V2310				06/02/2010 .. 06/02/2010	06/09/2010	\$118.00	\$55.82	06/14/2010	PAID

259 items found, displaying 1 to 10. Page 1/26 1, 2, 3, 4, 5, 6, 7, 8 Next Last

Check Claim Status Results

You can navigate the list of claims using the following controls:

- Page Number** displays the corresponding page of results (10 claims per page)
- Next** displays the next page of the results listing.
- Last** displays the last page of the results listing.
- Click **Claim Number** hyperlink to access the corresponding claim's detailed information.

Check Claim Status Details

This view provides claim data and adjudication details for the selected claim number.

Claim No. J155INE01151										
Adjust Claim										
Ref/Acct No.		26196V2310				Receipt Date		2010-06-04		
Medicaid ID		[REDACTED]				Billed Amount		\$268.00		
Member Name		[REDACTED]				Payment Amount		\$19.25		
Servicing Provider		[REDACTED]				Payment Date		2010-06-07		
DOS Range		2010-06-02--2010-06-02				Status		PAID		
DOS	Proc	Dx	Modifiers	Place of Service	Billed Amount	Payment Amount	Payment Date	Check No.	Status	Status Description
2010-06-02	81025	V0489		LC11	\$19.00	\$10.05	2010-06-07	0000828221	PAID	PAID IN FULL
2010-06-02	90471	V0489		LC11	\$26.00	\$0.00	2010-06-07	0000828221	DENIED	DENY: THIS SERVICE IS NOT COVERED
2010-06-02	90649	V0489		LC11	\$223.00	\$9.20	2010-06-07	0000828221	PAID	PAID IN FULL
Return to Search Results Search Again Print Claim Detail										

Claim Status Details

Adjust Claim:

- To adjust claim, click on the **Adjust Claim** hyperlink to access the five-step claims adjustment wizard. Be sure to complete all required fields.

Return to Search Results:

- To return to Check Claim Status Results page, click the **Return to Search Results** button.

Search Again:

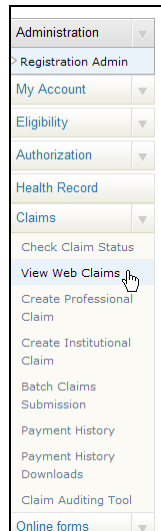
- To check the status of another claim/s, click the **Search Again** button. This will return you to the Check Claim Status Search page.

Print Claim Detail:

- To print the claim status details, click the **Print Claim Detail** button.

View Web Claims

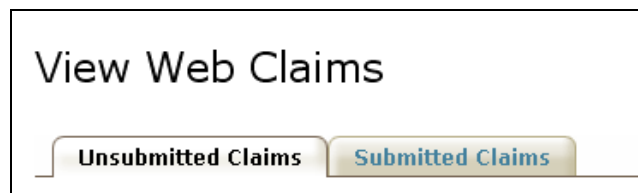
The **View Web Claims** feature allows you to re-open and continue working on saved, unsubmitted claims. It also allows you to track the status of claims submitted using the Portal.



Navigation Menu

- From the Navigation menu, select **Claims, View Web Claims**.

The View Web Claims page includes two tabs: **Unsubmitted Claims** and **Submitted Claims**.



Tabs: Unsubmitted Claims & Submitted Claims

Unsubmitted Claims

The **Unsubmitted Claims** tab is selected by default. If it is not selected, simply click **Unsubmitted Claims** tab.

Unsubmitted Claims displays two lists of claims: **Incomplete Claims**, and below it, **Claims Ready to be Submitted**.

Incomplete Claims

View Web Claims

Unsubmitted ClaimsSubmitted Claims

Incomplete Claims

Instructions: Claims listed below have missing information or contain errors. Click 'Edit' to view a claim, then fix any errors or complete it before submitting.

Date Created	Type	Member Name	Medicaid ID	Ref/Acct #	Original Claim #	Total Charges	
05/11/2011	CMS-1500		101915644599	1019		\$ 100.00	Edit Delete
05/11/2011	CMS-1500		101915644599	1019		\$ 100.00	Edit Delete
05/11/2011	CMS-1500		101915644599	1019		\$ 100.00	Edit Delete
05/11/2011	CMS-1500		101915644599	1019		\$ 0.00	Edit Delete
05/11/2011	CMS-1500		101915644599	1019		\$ 100.00	Edit Delete
05/11/2011	CMS-1500		101915644599	1019		\$ 100.00	Edit Delete
05/11/2011	CMS-1500		101915644599	1019		\$ 0.00	Edit Delete
05/11/2011	CMS-1500		101915644599	1019		\$ 0.00	Edit Delete
05/11/2011	CMS-1500		101915644599	1019		\$ 0.00	Edit Delete
05/11/2011	CMS-1500		101915644599	1019		\$ 0.00	Edit Delete

162 items found, displaying 1 to 10. Page 1/171, 2, 3, 4, 5, 6, 7, 8NextLast

Incomplete Claims List

Claims listed here are unsubmitted and are missing information or contain errors.



You can re-sort the list by any column by clicking on the columns title. To reverse the order of the sort, click the column title again.

Edit:

- Click the claim's **Edit** link to complete claim submission information or to fix its errors. The claim will be displayed, starting with the last visited page of the **Professional/Institutional Claim** submission wizard.
- To finish and submit the claim, navigate throughout the wizard (Institutional or Professional claims) and click the **Submit Claim** button at the bottom of the page.
- If you choose not to submit the claim at this time, click the **Save Draft** button at the bottom of the page. If the claim is now complete and contains no errors, it will be moved the **Claims Ready to Be Submitted** list (see below). You may access saved claims at any time by returning to the **View Claims** page.

Delete:

- To permanently delete an Incomplete Claim, click the claim's **Delete** link.

Claims Ready to be Submitted

Claims Ready to be Submitted

Instructions: Claims listed below are complete and contain no errors. Click checkboxes to select claims, then click the 'Submit Selected Claim(s)' button.

Select All	Date Created	Member Name	Medicaid ID	Ref/Acct #	Original Claim #	Total Charges	
☐	05/13/2011	APRIL J GILBERT	100174279899	83757V2310	K049INE00753	\$ 90.00	Edit Delete
☐	05/11/2011	CORDEL A SIMPSON	101915644599	1019		\$ 100.00	Edit Copy Delete
☐	05/11/2011	CORDEL A SIMPSON	101915644599	1019		\$ 100.00	Edit Copy Delete
☐	05/11/2011	CORDEL A SIMPSON	101915644599	1019		\$ 100.00	Edit Copy Delete
☐	05/11/2011	CORDEL A SIMPSON	101915644599	1019		\$ 100.00	Edit Copy Delete
☐	05/11/2011	CORDEL A SIMPSON	101915644599	1019		\$ 100.00	Edit Copy Delete
☐	05/11/2011	CORDEL A SIMPSON	101915644599	1019		\$ 100.00	Edit Copy Delete
☐	05/11/2011	CORDEL A SIMPSON	101915644599	1019		\$ 100.00	Edit Copy Delete
☐	05/11/2011	CORDEL A SIMPSON	101915644599	1019		\$ 100.00	Edit Copy Delete
☐	05/11/2011	CORDEL A SIMPSON	101915644599	1019		\$ 100.00	Edit Copy Delete

22 items found, displaying 1 to 10. Page 1/3 [1](#) [2](#) [3](#) [Next](#) [Last](#)

Submit Selected Professional Claim(s)

Claims Ready to be Submitted List

Claims listed here are complete, contain no errors, and are ready to be submitted. This section is broken down into two lists of claims: **Professional** and **Institutional**.

Submitting Ready to be Submitted Claims:

- Click **check boxes** to select one or more claims for submission.
- Click the **Submit Selected Professional/Institutional Claim(s)** button at the bottom of the page. A Claim(s) Submitted confirmation will be displayed.

A record of the submission, including the status of each claim that was part of the submission, will be displayed in the **Submitted Claims** list.

Edit:

- Click the claim's **Edit** link to modify a claim's information. The claim summary screen will be displayed on the summary screen (**Step 5** for Professional and **Step 6** for Institutional).
- To finish and submit the claim, click the **Submit This Claim** button at the bottom of the page.
- If you choose not to submit the claim at this time, click **Save** near the top-right of the page. If the claim is now complete and contains no errors, it will be moved the **Claims Ready to Be Submitted** list. You may access saved claims at any time by returning to the **View Claims** page.

Copy:

Rather than starting with a new, blank claim it may be easier to start with a copy of a completed claim. This can be helpful when creating multiple claims that vary only slightly (e.g., the claims are identical except for their dates of service).

- Click the claim's **Copy** link. **Step 1** of the newly copied claim will be displayed. Complete the claim as described in **Create Professional/Institutional Claim**.

Delete:

- To permanently delete a Ready to Be Submitted claim, click the claim's **Delete** link.

Submitted Claims

View Web Claims

Unsubmitted Claims

Submitted Claims

Start Date:*

04/01/2011

End Date:*

04/30/2011

Web Ref#:

Claim Status:

All

Search

Clear

Hide Search Criteria

Date Submitted	Web/Ref #	Amisys Nbr	Claim Type	Name	Medicaid Nbr	Account Nbr	Original Claim #	Total Charges	Claim Status	
04/08/2011	1988481		Institutional		123792420575	NJH test 3		\$ 222.22	In Progress	Copy

One item found.

Page 1/1 1

Submitted Claims Tab

Submitted Claims displays a list of web claim submissions made during the past seven days. You can change your Submitted Claims list by entering new search criteria (i.e. **Date Submitted**, **Web Ref #**, and **Status**) and clicking the **Search** button.

Clear:

- Click the **Clear** hyperlink to clear the search criteria entered.

Copy:

Rather than starting with a new, blank claim (see **Create Professional/Institutional Claim** above), it may be easier to start with a copy of a previously submitted claim. This can be helpful when creating a new claim that varies only slightly from a previously submitted claim.

- Click the claim's **Copy** link.
- Step1** of the newly copied claim will be displayed. Complete the claim as described in **Create Professional/Institutional Claim**.

Status:

The status of a submitted claim may be displayed as:

- **In Progress:** The claim has been submitted for processing.
- **Rejected:** The claim has been rejected and not entered into the adjudication system. Hover the mouse cursor over the  icon to view reasons for the rejection. Currently, rejected claims cannot be adjusted online. You may choose to make a copy of the rejected claim (see **Copy** above), “fix” it, and submit it.
- **Accepted:** The claim has been received and entered into the adjudication system.

Adjust Claim

The Adjust Claim feature is accessible from Check Claim Status.

The screenshot shows the 'Registration Admin' interface. On the left is a navigation menu with the following items: Administration, Registration Admin, My Account, Eligibility, Health Record, Authorization, Claims (highlighted with a red box), Check Claim Status (highlighted with a red box and a red arrow pointing to it), View Web Claims, Create Professional Claim, Create Institutional Claim, Batch Claims Submission, Payment History, Payment History Downloads, Claim Auditing Tool, Online forms, Reports, and Contact Us. The main content area has a blue header 'Registration Admin' and a green 'Create New User' button. Below this is a search form with fields for Status, NPI, and Last Name, and a Search button. Under the search form are links for 'User List' and 'Download To Excel'. A table displays user information with the following data:

User Id	First Name	Last Name	Account Status	NPI	Tax ID	Physician or Clinic Group Practice Name
asdasdasd123	asdas	dasdas	REPCREATED		640506107	

At the bottom of the table, it says 'One item found.' and 'Page 1/1 1'.

Adjust Claim

The Adjust Claim feature allows you to submit adjustments for previously submitted professional and institutional claims online. In order to adjust claims, they must have passed through the adjudication process and be in a Paid or Denied status.

In addition:

- Claims can only be adjusted online once a day.
- Claims can not be adjusted if an adjustment has already been created but not yet submitted.
- Claims can not be adjusted if an adjustment has already been submitted but not yet processed.

Check Claim Status

Provider Secure Portal

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Check Claim Status

To search, enter one or more of the following search criteria. The Date of Service range you provide is limited to a three-month span. Only the last 18 months of claims data is available online. Claims update every 24 hours.

* = Required

Date of Service

From:*

05/05/2011

To:*

08/04/2011

Member Information

Last Name:

First Name:

Medicaid ID:

Claim Information

Claim Status:

PAID ▾

Claim Number:

Ref/Acct Number:

Provider Information

NPI:

Medicaid ID:

Search

Clear Form

Check Claim Status

Claim No.	Ref/Acct No.	Medicaid ID	Member Name	Servicing Provider	DOS Range	Receipt Date	Billed Amount	Payment Amount	Payment Date	Status
K136INE01953	MGR10105370401	101384586099	SIMS, BRIDGET N	DEAN, JOHN	05/05/2011 .. 05/05/2011	05/16/2011	\$140.00	\$33.31	05/19/2011	PAID
K136INE01966	MGR10105416601	100354881399	NOONER, VALESKA D	BRUNS, DONALD	05/05/2011 .. 05/05/2011	05/16/2011	\$360.00	\$77.81	05/19/2011	PAID
K136INE01992	MGR10105459701	102410054599	PARKER, HAYLI A	DEAN, JOHN	05/06/2011 .. 05/06/2011	05/16/2011	\$30.00	\$6.73	05/19/2011	PAID
K136INE01978	MGR10105420601	102922834199	WIDMEYER JR, JASON L	GANDY, PAUL E.	05/05/2011 .. 05/05/2011	05/16/2011	\$38.00	\$8.91	05/19/2011	PAID
K136INE01995	MGR10105477701	103071162499	ORTEGA, DORA S	BRUNS, DONALD	05/06/2011 .. 05/06/2011	05/16/2011	\$60.00	\$13.98	05/19/2011	PAID
K136INE01944	MGR10105358601	100300418999	MALDONADO, SARA E	BRUNS, DONALD	05/05/2011 .. 05/05/2011	05/16/2011	\$250.00	\$51.18	05/19/2011	PAID
K136INE01990	MGR10105438701	100422429999	FISHER, SABINA G	DEAN, JOHN	05/06/2011 .. 05/06/2011	05/16/2011	\$360.00	\$77.81	05/19/2011	PAID
K136INE01996	MGR10105474601	104010519799	HITCHINGS, JORDAN R	BRUNS, DONALD	05/06/2011 .. 05/06/2011	05/16/2011	\$38.00	\$8.91	07/21/2011	PAID
K136INE01994	MGR10105445101	103261028799	WINTERS, SUSIE A	BRUNS, DONALD	05/06/2011 .. 05/06/2011	05/16/2011	\$38.00	\$8.91	05/19/2011	PAID
K136INE01960	MGR10105374101	100422429999	FISHER, SABINA G	BRUNS, DONALD	05/05/2011 .. 05/05/2011	05/16/2011	\$119.00	\$28.65	05/19/2011	PAID

Headers to Sort

- Click **headers** to sort results above.
- Select a **claim number**.

Claim No. J155INE01151									
Adjust Claim									
Ref/Acct No.		26196V2310			Receipt Date		2010-06-04		
Medicaid ID					Billed Amount		\$268.00		
Member Name					Payment Amount		\$19.25		
Servicing Provider					Payment Date		2010-06-07		
DOS Range		2010-06-02--2010-06-02			Status		PAID		
DOS	Proc Dx	Modifiers	Place of Service	Billed Amount	Payment Amount	Payment Date	Check No.	Status	Status Description
2010-06-02	81025	V0489	LC11	\$19.00	\$10.05	2010-06-07	0000828221	PAID	PAID IN FULL
2010-06-02	90471	V0489	LC11	\$26.00	\$0.00	2010-06-07	0000828221	DENIED	DENY: THIS SERVICE IS NOT COVERED
2010-06-02	90649	V0489	LC11	\$223.00	\$9.20	2010-06-07	0000828221	PAID	PAID IN FULL
Return to Search Results Search Again Print Claim Detail									

Adjust Claim

- Click **Adjust Claim** hyperlink.

Adjust Professional Claim

Step 2 of 5: Enter Patient Details

Name:SIMS, BRIDGET N
Date of Birth:09/27/1993
Medicaid ID:101384586099

Claim Number:K136INE01953

Enter Patient information then click the "Next Step" button.

* = Required

Patient's Account Number:*
MGR10105370401

Amount Paid:

Patient Status

☐ Single
☐ Married
☐ Other

☐ Employed

☐ Full-Time Student
☐ Part-Time Student

Patient's condition related to...

☐ Employment

☐ Auto Accident
Location of Accident

☐ Other Accident

Previous Step

Save Draft

Save Draft & Start New Claim

Next Step

Adjust Claim-Enter Patient Details

- The Adjust Professional Claim feature functions in a similar manner to the Create Professional Claim process. The only difference is that upon selecting a professional claim to adjust, you will be taken to Step 2 of 5 within the Adjust Professional Claim process instead of Step 1.
- Note that you will not be able to access changing a member (Step 1) while adjusting professional claims. To change the member requires that a new professional claim be generated.

Provider Secure Portal

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 [Contact Us](#)

Adjust Professional Claim

Step 3 of 5: Enter Diagnosis and Service Details

Name: SIMS, BRIDGET N **Date of Birth:** 09/27/1993 **Medicaid ID:** 101384586099
Claim Number: K136INE01953

Enter physician or supplier information, then click the 'Next Step' button.

*** = Required**

Date of current illness, injury or pregnancy: (MM/DD/YYYY)

Date of similar illness:

Dates of patient unable to work in current occupation: to:

Hospitalization dates related to current services: 05/05/0011 to:

Outside lab charges(\$): (Ex: 225.95)

Prior Authorization number:

Diagnosis Codes

Hint: Enter Diagnosis Codes in any format(Ex: 100 or 100.1 or 1001). Check corresponding Diagnosis Pointer boxes below to assign diagnosis to Service Line(s).

Diagnosis Code **1** :* 78701 NAUSEA WITH VOMITING

Diagnosis Code **2** :

Diagnosis Code **3** :

Diagnosis Code **4** :

Service Line #1

[Delete this service Line](#)

From Date*	To Date*	Place*	EMG	Procedure Code*	Modifier	Diagnosis Pointer*	Charges*	Days/Unit*	EPSDT	Fam Plan
05/05/2011	05/05/2011	22	☐	76700	26	1 2 3 4	140.0	1	☐	

[Show Member's Eligibility](#)

NDC billing requirements to be entered in the Supplemental Information text box below

[Add Supplemental Information](#)

[Add another Service Line](#)

Previous Step
Save Draft
Save Draft & Start New Claim
Next Step

Enter Diagnosis and Service Details

- From this screen, you can make all your necessary adjustments as you proceed through the remaining steps of the Adjust Professional Claim process to you get to Step 5 of 5.

Provider Secure Portal

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Adjust Professional Claim

Step 4 of 5: Enter Provider Details

Name: SIMS, BRIDGET N **Date of Birth:** 09/27/1993 **Medicaid ID:** 101384586099

Claim Number: K136INE01953

* = Required

Referring Provider

Please enter a minimum of 3 characters in "Last Name" to search providers

Last Name:

First Name:

Tax ID:

NPI:

Taxonomy:

Rendering Provider

NPI:

Taxonomy:

Name	Tax ID	NPI	Medicaid ID	
JOHN DEAN	351163141	1720008394		remove

Billing Provider

[Same as Rendering Provider](#)

Name:

Tax ID:

NPI:

Taxonomy:

Street Address:

City:

State:

Zip Code:

Service Facility Location

[Same as Billing Provider](#)

Name:

Tax ID:

NPI:

Taxonomy:

Street Address:

City:

State:

Zip Code:

Enter Provider Details

Provider Secure Portal

Welcome, Test Provider | [Log Out](#)

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[Adjust Professional Claim](#)

Step 5 of 5: Review

Name: SIMS, BRIDGET N	Date of Birth: 09/27/1993	Medicaid ID: 101384586099
Claim Number: K136INE01953		

Review Claim Information, then click "Submit" to finish.

Member [Edit](#)

Patient's Account Number	MGR10105370401
Claim Amount Paid	
Address	1021 W TERRACE AV, MARION, IN, 469530000
Status	None
Condition Related to	None

Service [Edit](#)

Date of current illness, injury or pregnancy	None
Date of similar illness	None
Dates of patient unable to work in current occupation	None
Hospitalization dates related to current services	None
Outside lab charges	None
Prior Authorization number	None

Service Line # 1

Date of Service	05/05/2011 - 05/05/2011
Place	22
EMG	No
Procedure Code	76700
Modifier(s)	26
Diagnosis Code(s)	78701
Charges	200.00
Days/Unit	1
EPSDT	None
Family Planning	None
Supplemental Information	None

Providers [Edit](#)

Referring Provider

Name	BEDFORD, ADRIENNE
Tax ID	None
NPI	1134398183
Taxonomy	None

Rendering Provider

Name	DEAN, JOHN
NPI	1720008394
Taxonomy	2085R0202X

Billing Provider

Name	DEAN
Tax ID	351163141
NPI	1801895081
Taxonomy	None
Address	441 N WABASH AVE

Service Facility Location

Name	MARION GENERAL HOSPITAL
Tax ID	201017034
NPI	1770679201
Taxonomy	None
Address	441 N WABASH AVE

Previous Step
Save Draft & Start New Claim
Submit

- If all information is correct, click **Submit** and the claim will be transmitted. A Claim Submitted confirmation will be displayed.

Provider Secure Portal

Welcome, Test Provider | [Log Out](#)

My Account ▼

Eligibility ▼

Authorization ▼

Health Record

Claims ▼

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Contact Us

Adjust Professional Claim

Claim Submitted Successfully

Thank you for submitting a claim via the web. We have received your transmission and will process your claim in a timely manner.

Web Reference Number for this claim submission is **1991453**

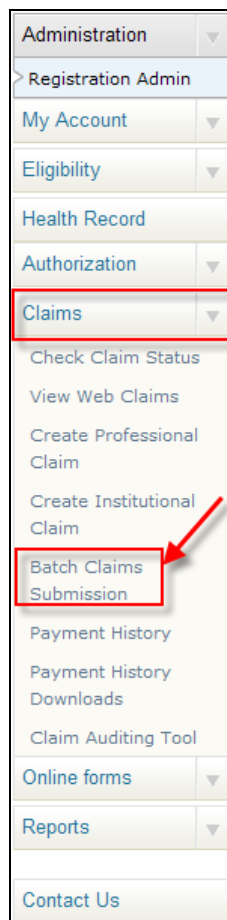
[Start New Claim](#)

Adjust Claim Submission

- Claim submitted successfully. Note the Web Reference Number.

Note: Once you receive the web reference number you can not go back to the claim and make any changes on the same day.

Batch Claims Submission



Navigation Menu

- From the Navigation menu, select **Claims, Batch Claims Submission**.

Batch Claims Submission Screen Blank

EDI (Electronic Data Interchange) Documentation

Companion Guides: Standard guides on the 837i, 837p, 997, etc. The link directs you to EDI page of health plan site.

Batch Claims FAQs: Standard documents for all health plans created by EDI and EDI support staff.

Header Section

This section provides details regarding submission guidelines and parameters needed before submitting a batch claim.

1. HIPAA level edits by health plan
2. Acceptable file formats
3. File max size
4. Required submitter ID (standard across all health plans)
5. Receiver ID (health plan specific)

Note: Be sure to direct all 837 and other batch claim specific questions to EDI support (800) 225-2573 ext. 25525. The hours of operation are Monday thru Friday, 8am - 5pm CST.

Provider Secure Portal

Log Out

My Account ▾Eligibility ▾Authorization ▾Claims ▾Reports ▾Resources ▾Contact Us

Batch Claims

SubmissionStatus

Please note that we currently accept formatted 837 claims files only. We apply HIPPA level 4 edits. If you are not familiar with generating or submitting an 837 file, please use a clearinghouse or our single claims submission module. We are continually developing new claims submission tools to allow you other formats by which to submit claims to use directly both individually and in bulk.

Please choose a file format of .dat or .edi no larger than 5MB.

The Submitter ID for the ISA06 must be WebBatch. The receiver ID for ISA08 must be 39186.

* = Required

File Type:*

837i

Upload File:*

837i837P

Browse...

Submit

Cancel

EDI Documentation

- Companion Guides
- Batch Claims FAQs

Batch Claims Submission Screen

Submitting a Batch Claim:

- Step 1: Select **File Type**.
 - 837i – Institutional claims
 - 837p – Professional claims
- Step 2: Upload a **file**.
- Step 3: Click **Submit** button.

Batch Claims Submission

The screenshot displays the 'Provider Secure Portal' interface. At the top, there is a navigation bar with links: Account Home, Eligibility, Authorization, Claims, Online Forms, Tools, Resources, and Contact Us. A 'Log Out' link is also present. The main content area is titled 'Batch Claims' and features two tabs: 'Submission' and 'Status'. The 'Status' tab is currently selected. Below the tabs, a message states: 'Results: File successfully uploaded. You will be able to check the status of your submission on the status tab within 24 hours. A 997 functional acknowledgement will be provided reflecting HIPAA edit pass/fail status.' Below this message, the 'Web Reference #' is listed as 241, and the 'Date/Time Received' is Wed Mar 09 17:05:01 CST 2011. At the bottom of the main content area, there is a button labeled 'Submit another Batch Claim'. To the right of the main content area, there is a sidebar titled 'EDI Documentation' with links to 'Companion Guides' and 'Batch Claims FAQ'. A blue callout bubble with a pointer to the 'Batch Claims FAQ' link contains the text: 'Click here for companion guide and FAQs'.

Batch Claims Status

A Submission receipt will be provided after submitting the Batch Claim. This is only confirmation of successful upload.

To submit another claim:

- Click on the **Submit another Batch Claim** button.
- Repeat Steps 1-3 on the previous page on Submitting a Batch Claims.

To check the status of a submitted file:

- Click on the **Status** tab.

Note: The Web Reference # can be used for tracking the submission until a claim number is provided.

Provider Secure Portal

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Batch Claims

Submissions

Status

The last 18 months of batch claims submission data is available online. Passing the format verification process is not a guarantee of claim(s) payment. Claim(s) payment is contingent upon accuracy of data submitted. You will receive an explanation of payment (EOP) or 835 for your claims submission depending on your contract arrangement. For questions regarding errors please contact (800) 225-2573 ext 25525 for EDI Support or [contact us here](#).

For adjudicated claim(s) status, you can search submitted claims [here](#).

Start Date:

End Date: Date span limited to a 3-month period.

Web Reference #

Batch Claim Status:

Submitted Date	Type	Web Reference #	File Name	Status	997 File	TA1 File	Audit File
03/09/2011	837I	241	241_742712740_02100001.edi	INPROCESS			
03/09/2011	837I	221	221_742712740_2011_742712740_000001.edi	ERROR			
03/09/2011	837I	201	201_742712740_000001.edi	ERROR			
02/16/2011	837I	101	101_742712740_000737_000001.edi	INCORRECT_TYPE			
02/09/2011	837I	141	141_742712740_000001.edi	INCORRECT_TYPE			
02/09/2011	837I	121	121_742712740_000001.edi	ACCEPTED	Download	Download	Download
02/09/2011	837P	102	102_742712740_000001.edi	INCORRECT_TYPE			
02/01/2011	837I	77	77_742712740_000001.edi	ACCEPTED	Download	Download	Download
01/31/2011	837I	76	76_742712740_000001.edi	ACCEPTED	Download	Download	Download
01/31/2011	837I	75	75_742712740_000001.edi	ACCEPTED	Download	Download	Download

43 items found, displaying 1 to 10. Page 15 1, 2, 3, 4, 5 Next Last

Selecting Contact Us will send an e-mail to EDI support

Contact Us Link to EDI Support

Search criteria can be used to track specific submissions. File postings are listed and responses are posted as applicable.

Batch Claims Submissions (continued)

Here's a chart of status statements that will appear as a result of batch claim submissions.

Status	Definition	Files attached	Next steps
Accepted	Batch submission passed HIPAA edits	997, TA1 and Audit file	Provider can check web claims for status of adjudication
In Process	Batch submission received and is pending HIPAA & EDI validation	None	Wait until submission processes and status updates
Rejected	Batch submission failed HIPAA edits	997 and TA1	Contact EDI support for assistance
Error	An unexpected error due to a system issue or failure to pass HIPPA edits	None	Contact EDI support for assistance
Upload_Error	A system issue occurring during data upload process	None	Contact EDI support for assistance
Incorrect_Type	Provider selected the wrong file type (i.e. selected 837i but posted 837p)	None	Contact EDI support for assistance

Reminder: Data spans for searches are limited to a three month period, and batch claim data is available for the last eighteen months.

Special Note: Provider will need a Practice Management System to read the 997, TA1 and Audit files.

Batch Claims Reports

Batch claim reports are mainly for managers, provider relation specialists, claims and EDI support staff to access. This report can be accessed by clicking on the appropriate link. These reports display usage and functionality of this system.

Note: This link will be provided once it is available in production.

Accessing Batch Claims Report

Navigate to <http://devviewattachment.centene.com/FileAttachmentWeb/claimBatchStats.htm> (this is the only test link).

- Choose Start Date.
- Choose End Date.
- Select Health Plan.
- Click the Show Stats button.

To See TIN level reporting, select that report: Accepted Reports, Errors & Processing.

Batch Claims Statistics

 Print Page

Start Date:
04/01/2011

End Date:
04/27/2011

Select Plan:
Superior

Show Stats

*Batch Claims Metrics are available online for the last 18 months

SUPERIOR

TOTAL	ACCEPTED	ERRORS	PROCESSING	
Claim Type	Total Count	Accepted	Processing	Errors
Professional	18	11	1	4
Institutional	0	0	0	0
Total	18	11	1	4

Batch Claims Statistics

 Print Page

Start Date:

04/01/2011 

End Date:

04/27/2011 

Select Plan:

Superior 

Show Stats 

*Batch Claims Metrics are available online for the last 18 months

SUPERIOR

TOTAL

ACCEPTED

ERRORS

PROCESSING

Provider	Claim Type	Total Count
752970981	Professional	4
271302877	Professional	7
Total		11

Batch Claims Statistics

 Print Page

Start Date:

04/01/2011 

End Date:

04/27/2011 

Select Plan:

Superior 

Show Stats 

*Batch Claims Metrics are available online for the last 18 months

SUPERIOR

TOTAL

ACCEPTED

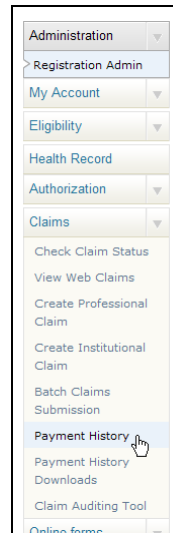
ERRORS

PROCESSING

Provider	Claim Type	Error Type	Total Count
900047406	Professional	ERROR	4
043797989	Professional	REJECTED	1
Total			5

Payment History

The **Payment History** feature allows providers to view online explanation of payment information.



Navigation Menu

- From the Navigation menu, select **Claims, Payment History**. You are directed to the Payment History page.

Payment History		
Display Search Criteria		
Transactions		
All activity posted to your account between 05/06/2011 and 08/05/2011.		
Instructions: To view transaction details, click the check date.		
Check Date	Check Number	Payment Amount
05/12/2011	0000907616	\$3,765.19
05/19/2011	0000909078	\$0.00
05/19/2011	0000909078	\$2,857.59
05/26/2011	0000910622	\$1,817.64
06/02/2011	0000912146	\$1,496.73
06/09/2011	0000913552	\$80.20
06/09/2011	0000913552	\$999.93
06/16/2011	0000914959	\$3,858.78
06/23/2011	0000916461	\$172.66
06/23/2011	0000916461	\$3,304.11
06/30/2011	0000917910	\$2,456.64
06/30/2011	0000917910	\$3.00
07/21/2011	0000922139	\$2,206.58
13 items found, displaying all items. Page 1/1 1		

- Click on the appropriate **check date** hyperlink.

Explanation of Payment (EOP) Details

Explanation of Payment Details

Check/Trace Number: 0000035077

Check Date: 06/23/2011

EOP reprint requests cannot be processed at this time for Capitation (CAP) checks and Statistical (Non-Payment) adjustments.

The Request ERA link is intended for use by providers currently registered for ERA with Centene. If you are not registered, then no ERA will be generated. In order to register for ERA, please follow the instructions under Electronic Transactions or contact your plan representative.

Note: Online EOP format may not be consistent with paper EOP formatting.

[Back](#) [Download \(Excel Format\)](#) [Request EOP](#) [Request ERA](#) [Print Page](#) Sort By Insured Name

Insured Name:
Patient Name:
Control Number:
Service Provider:

K167MSE00004

Group:
ID:
Account:
NPI:

EXPRESS CARE SOUTH

601859866

DAVDO001

1851331805

Service Lines

Serv	Date	Diag#/ Drug#	Proc#/ Proc2	Mod	Days/Cnt Qty	Charged	Allowed	Deduct/ Copay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	ANSI Codes	Payment
10	06/13/2011	7245	99214	25	0/1.00000	110.0	78.05	0.0/0.0	0.0	0.0/0.0	0.0/0.0	0.0	0.0	92	78.05
20	06/13/2011	7245	J1885		0/4.00000	38.0	1.04	0.0/0.0	0.0	0.0/0.0	0.0/0.0	0.0	0.0	92	1.04
30	06/13/2011	7245	96372		0/1.00000	35.0	16.67	0.0/0.0	0.0	0.0/0.0	0.0/0.0	0.0	0.0	92	16.67
40	06/13/2011	7245	72100		0/1.00000	97.0	29.45	0.0/0.0	0.0	0.0/0.0	0.0/0.0	0.0	0.0	92	29.45
50	06/13/2011	7245	85025		0/1.00000	30.0	9.03	0.0/0.0	0.0	0.0/0.0	0.0/0.0	0.0	0.0	92	9.03
Sub Total						\$310.0	\$134.24	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0		\$134.24

One item found. Page 1/1 1

EOP Details

Back

- Click on appropriate check date hyperlink to return to payment history transaction page

Download (Excel Format)

- Click on Download button to request EOP in excel format. Go to Payment History downloads to retrieve file or check request status.

Request EOP

- Click Request EOP button to request a hard copy of the Explanation of Payment. Please allow 24 hours to process request. A reference number will be provided.

Request ERA

- Click Request ERA button to request a hard copy of the Explanation of Payment. Please allow 24 hours to process request. A reference number will be provided.

Print Page

- Click on Print Page to print a hard copy of the Explanation of Payment Details page.

Sort By

- You can sort the Explanation of Details page by the Insured Name, Group Name, and Servicing Provider.

